Appendix A

Appendix A. List of acronyms:

Acronym	Definition
ADA	American Diabetes Association
ANOVA	Analysis of variance
BMI	Body mass index
DBP	Diastolic blood pressure
DEER	Diet and Exercise for Elevated Risk
GIS	Geographic Information Systems
HbA_{1c}	hemoglobin A_{1c}
ODES	Oslo Diet and Exercise Study
PICOTS	Population, intervention, comparators, outcomes, timing, and setting
PREDIMED	Prevencion con Dieta Mediterranea
PREPARE	Pre-diabetes Risk Education and Physical Activity Recommendation
RCT	Randomized clinical trial
SBP	Systolic blood pressure
TOHPII	Trials of Hypertension Prevention Phase II
VA	Veterans Administration
ADA:	American Diabetic Association; kg: kilogram
PA	Physical Activity
SM	Self management
NR	Not Reported
WC	Waist Circumference
CM	Centimeter
ND	Reported no difference between groups without providing values
RCT	Randomized controlled trial
KQ	Key Question

Appendix B

Appendix B. Detailed Search Strategies

PubMed

KQ 1-5

((("ideal body weight"[mh] OR "normal weight"[tiab] OR overweight[mh] OR overweight[tiab] OR "body mass index"[mh] OR "body mass index"[tiab] OR BMI[tiab] OR “healthy weight”[tiab] OR obesity[mh] OR obesity[tiab] OR obese[tiab]) AND (maintenance[tiab] OR maintain[tiab] OR management[tiab] OR manage[tiab] OR (“weight gain”[tiab] AND prevent*[tiab])) AND (diets[tiab] OR diet[mh] OR diet[tiab] OR “energy intake”[tiab] OR nutrition[tiab] OR exercise[mh] OR exercise[tiab] OR walking[mh] OR walking[tiab] OR walk[tiab] OR running[mh] OR running[tiab] OR run[tiab] OR jogging[tiab] OR jog[tiab] OR biking[tiab] OR bike[tiab] OR aerobics[tiab] OR “resistance training”[mh] OR training[tiab] OR "physical activity"[tiab] OR pharmaceutical[tiab] OR drug[tiab] OR medication[tiab] OR prescription[tiab] OR "orlistat"[Supplementary Concept] OR "orlistat"[tiab] OR behavior[tiab] OR behavioral[tiab])) NOT ("anorexia nervosa"[mh] OR anorexia[mh] OR anorexia[tiab] OR anorectic[tiab] OR "bulimia nervosa"[mh] OR bulimia[mh] OR bulimia[tiab] OR bulimic[tiab] OR cachexia[mh] OR cachexia[tiab] OR fragility[tiab] OR “gestational weight gain”[tiab])) NOT ((infant[mh] OR infant[tiab] OR child[mh] OR child[tiab] OR children[tiab] OR adolescent[mh] OR adolescent[tiab] OR "teen-age"[tiab] OR pediatric[tiab] OR perinatal[tiab]) NOT (adult[tiab] OR adults[tiab] OR Mother[tiab] OR father[tiab] OR family[tiab] OR parent[tiab] OR men[mh] OR men[tiab] OR women[mh] OR women[tiab])) NOT (animal[mh] NOT human[mh])	7828	18 May 2011

KQ 6

((("ideal body weight"[mh] OR "normal weight"[tiab] OR overweight[mh] OR overweight[tiab] OR "body mass index"[mh] OR "body mass index"[tiab] OR BMI[tiab] OR “healthy weight”[tiab] OR obesity[mh] OR obesity[tiab] OR obese[tiab] OR “body weight”[tiab]) AND ((“weight gain”[tiab] AND (prevent*[tiab] OR reduce[tiab])) OR “health Policy”[mh] OR “built environment”[tiab] OR “environment design”[mh] OR “purchasing behavior”[tiab] OR “purchasing behaviors”[tiab] OR “food labeling”[mh] OR “calorie information”[tiab] OR “calorie labeling”[tiab] OR campaign[tiab] OR Tax*[tiab] OR taxes[mh] OR “income inequality”[tiab])) NOT ("anorexia nervosa"[mh] OR anorexia[mh] OR anorexia[tiab] OR anorectic[tiab] OR "bulimia nervosa"[mh] OR bulimia[mh] OR bulimia[tiab] OR bulimic[tiab] OR cachexia[mh] OR cachexia[tiab] OR fragility[tiab] OR “gestational weight gain”[tiab])) NOT ((infant[mh] OR infant[tiab] OR child[mh] OR child[tiab] OR children[tiab] OR adolescent[mh] OR adolescent[tiab] OR "teen-age"[tiab] OR pediatric[tiab] OR perinatal[tiab]) NOT (adult[tiab] OR adults[tiab] OR Mother[tiab] OR father[tiab] OR family[tiab] OR parent[tiab] OR men[mh] OR men[tiab] OR women[mh] OR women[tiab])) NOT (animal[mh] NOT human[mh])	3528	18 May 2011

Combined

KQ 1-5 AND KQ5	10440	18 May 2011	refIDs 115-17438

Cochrane 19 May 2011

KQ 1-5 Search #122 =((#21 AND #30 AND #75) NOT #98) NOT #121 = 2006

KQ 6 Search #141 = ((#21 AND #140) NOT #98) NOT #121= 4632

KQ 1-6 = #122 or #141 5806

#1	MeSH descriptor **Overweight** explode all trees	5928	edit	delete
#2	MeSH descriptor **Body Mass Index** explode all trees	4326	edit	delete
#3	MeSH descriptor **Obesity** explode all trees	5628	edit	delete
#4	"ideal body weight":ti,ab,kw	261	edit	delete
#5	"normal weight":ti,ab,kw	615	edit	delete
#6	(overweight):ti,ab,kw	2549	edit	delete
#7	"body mass index":ti,ab,kw	8472	edit	delete
#8	(BMI):ti,ab,kw	3931	edit	delete
#9	"healthy weight":ti,ab,kw	40	edit	delete
#10	(obesity):ti,ab,kw	7510	edit	delete
#11	(obese):ti,ab,kw	4650	edit	delete
#12	(#1 OR #2)	8660	edit	delete
#13	(#1 OR #2 OR #3)	8693	edit	delete
#14	(#1 OR #2 OR #3 OR #4)	8884	edit	delete
#15	(#1 OR #2 OR #3 OR #4 OR #5)	9219	edit	delete
#16	(#1 OR #2 OR #3 OR #4 OR #5 OR #6)	9888	edit	delete
#17	(#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7)	13041	edit	delete
#18	(#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8)	14024	edit	delete
#19	(#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9)	14035	edit	delete
#20	(#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10)	15214	edit	delete
#21	(#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11)	15838	edit	delete
#22	(maintenance):ti,ab,kw	14312	edit	delete
#23	(maintain):ti,ab,kw	20748	edit	delete
#24	(management):ti,ab,kw	29637	edit	delete
#25	(manage):ti,ab,kw	5874	edit	delete
#26	"weight gain":ti,ab,kw and (prevent*):ti,ab,kw	733	edit	delete
#27	(#22 OR #23)	32861	edit	delete
#28	(#22 OR #23 OR #24)	60432	edit	delete
#29	(#22 OR #23 OR #24 OR #25)	64014	edit	delete
#30	(#22 OR #23 OR #24 OR #25 OR #26)	64598	edit	delete
#31	(#21 AND #30)	2583	edit	delete
#32	MeSH descriptor **Diet** explode tree **2**	7951	edit	delete
#33	(diet):ti,ab,kw	18724	edit	delete

#34	MeSH descriptor **Exercise** explode all trees	8013	edit	delete
#35	(exercise):ti,ab,kw	30192	edit	delete
#36	MeSH descriptor **Walking** explode all trees	1801	edit	delete
#37	(walking):ti,ab,kw	6274	edit	delete
#38	MeSH descriptor **Running** explode all trees	952	edit	delete
#39	(running):ti,ab,kw	6902	edit	delete
#40	"energy intake":ti,ab,kw	3319	edit	delete
#41	(nutrition):ti,ab,kw	7755	edit	delete
#42	(jogging):ti,ab,kw	194	edit	delete
#43	(biking):ti,ab,kw	65	edit	delete
#44	(aerobics):ti,ab,kw	72	edit	delete
#45	"resistance training":ti,ab,kw	1239	edit	delete
#46	(training):ti,ab,kw	23079	edit	delete
#47	"physical activity":ti,ab,kw	3847	edit	delete
#48	(pharmaceutical):ti,ab,kw	4832	edit	delete
#49	(drug):ti,ab,kw	278919	edit	delete
#50	(medication):ti,ab,kw	26504	edit	delete
#51	(prescription):ti,ab,kw	3404	edit	delete
#52	(behavior):ti,ab,kw	26437	edit	delete
#53	(behavioral):ti,ab,kw	12644	edit	delete
#54	(#**32** OR #**33**)	19829	edit	delete
#55	(#**32** OR #**33** OR #**34**)	26398	edit	delete
#56	(#**32** OR #**33** OR #**34** OR #**35**)	47458	edit	delete
#57	(#**32** OR #**33** OR #**34** OR #**35** OR #**36**)	48275	edit	delete
#58	(#**32** OR #**33** OR #**34** OR #**35** OR #**36** OR #**37**)	50561	edit	delete
#59	(#**32** OR #**33** OR #**34** OR #**35** OR #**36** OR #**37** OR #**38**)	50769	edit	delete
#60	(#**32** OR #**33** OR #**34** OR #**35** OR #**36** OR #**37** OR #**38** OR #**39**)	55262	edit	delete
#61	(#**32** OR #**33** OR #**34** OR #**35** OR #**36** OR #**37** OR #**38** OR #**39** OR #**40**)	55513	edit	delete
#62	(#**32** OR #**33** OR #**34** OR #**35** OR #**36** OR #**37** OR #**38** OR #**39** OR #**40** OR #**41**)	60671	edit	delete
#63	(#**32** OR #**33** OR #**34** OR #**35** OR #**36** OR #**37** OR #**38** OR #**39** OR #**40** OR #**41** OR #**42**)	60688	edit	delete
#64	(#32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43)	60707	edit	delete
#65	(#32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43 OR #44)	60714	edit	delete
#66	(#32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43 OR #44 OR #45)	60857	edit	delete
#67	(#32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43 OR #44 OR #45 OR #46)	75226	edit	delete
#68	(#32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43 OR #44 OR #45 OR #46 OR #47)	76076	edit	delete

#69	(#32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43 OR #44 OR #45 OR #46 OR #47 OR #48)	80637	edit	delete
#70	(#32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43 OR #44 OR #45 OR #46 OR #47 OR #48 OR #49)	332153	edit	delete
#71	(#32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43 OR #44 OR #45 OR #46 OR #47 OR #48 OR #49 OR #50)	337997	edit	delete
#72	(#32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43 OR #44 OR #45 OR #46 OR #47 OR #48 OR #49 OR #50 OR #51)	338669	edit	delete
#73	(#32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43 OR #44 OR #45 OR #46 OR #47 OR #48 OR #49 OR #50 OR #51 OR #52)	351638	edit	delete
#74	(#32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43 OR #44 OR #45 OR #46 OR #47 OR #48 OR #49 OR #50 OR #51 OR #52 OR #53)	355196	edit	delete
#75	(#21 AND #30 AND #74)	2215	edit	delete
#76	MeSH descriptor **Anorexia Nervosa** explode all trees	259	edit	delete
#77	MeSH descriptor **Anorexia** explode all trees	182	edit	delete
#78	MeSH descriptor **Bulimia Nervosa** explode all trees	114	edit	delete
#79	MeSH descriptor **Bulimia** explode all trees	329	edit	delete
#80	MeSH descriptor **Cachexia** explode all trees	112	edit	delete
#81	(anorexia):ti,ab,kw	1475	edit	delete
#82	(anorectic):ti,ab,kw	127	edit	delete
#83	(bulimia):ti,ab,kw	719	edit	delete
#84	(bulimic):ti,ab,kw	203	edit	delete
#85	(cachexia):ti,ab,kw	198	edit	delete
#86	(fragility):ti,ab,kw	190	edit	delete
#87	"gestational weight gain":ti,ab,kw	18	edit	delete
#88	(#76 OR #77)	441	edit	delete
#89	(#76 OR #77 OR #81)	1475	edit	delete
#90	(#76 OR #77 OR #81 OR #82)	1571	edit	delete
#91	(#76 OR #77 OR #81 OR #82 OR #78)	1666	edit	delete
#92	(#76 OR #77 OR #81 OR #82 OR #78 OR #79)	1928	edit	delete
#93	(#76 OR #77 OR #81 OR #82 OR #78 OR #79 OR #83)	2160	edit	delete
#94	(#76 OR #77 OR #81 OR #82 OR #78 OR #79 OR #83 OR #84)	2175	edit	delete
#95	(#76 OR #77 OR #81 OR #82 OR #78 OR #79 OR #83 OR #84 OR #80)	2248	edit	delete
#96	(#76 OR #77 OR #81 OR #82 OR #78 OR #79 OR #83 OR #84 OR #80 OR #85)	2306	edit	delete
#97	(#76 OR #77 OR #81 OR #82 OR #78 OR #79 OR #83 OR #84 OR #80 OR #85 OR #86)	2496	edit	delete
#98	(#76 OR #77 OR #81 OR #82 OR #78 OR #79 OR #83 OR #84 OR #80 OR #85 OR #86 OR #87)	2514	edit	delete
#99	((#21 AND #30 AND #74) AND NOT #98)	2139	edit	delete
#100	(infant):ti,ab,kw	29797	edit	delete
#101	(child):ti,ab,kw	59501	edit	delete

#102	(adolescent):ti,ab,kw	75425	edit	delete
#103	(pediatric):ti,ab,kw	8793	edit	delete
#104	(perinatal):ti,ab,kw	1683	edit	delete
#105	(#**100** OR #**101** OR #**102**)	124337	edit	delete
#106	(#100 OR #101 OR #102 OR #103)	125798	edit	delete
#107	(#100 OR #101 OR #102 OR #103 OR #104)	126500	edit	delete
#108	(adult):ti,ab,kw	273098	edit	delete
#109	(mother):ti,ab,kw	5065	edit	delete
#110	(father):ti,ab,kw	339	edit	delete
#111	(family):ti,ab,kw	11368	edit	delete
#112	(parent):ti,ab,kw	6961	edit	delete
#113	(men):ti,ab,kw	31326	edit	delete
#114	(women):ti,ab,kw	50133	edit	delete
#115	(#108 OR #109)	276145	edit	delete
#116	(#108 OR #109 OR #110)	276202	edit	delete
#117	(#108 OR #109 OR #110 OR #111)	282178	edit	delete
#118	(#108 OR #109 OR #110 OR #111 OR #112)	285730	edit	delete
#119	(#108 OR #109 OR #110 OR #111 OR #112 OR #113)	296642	edit	delete
#120	(#108 OR #109 OR #110 OR #111 OR #112 OR #113 OR #114)	312971	edit	delete
#121	(#107 AND NOT #120)	49769	edit	delete
#122	(#99 AND NOT #121)	2006	edit	delete
#123	(prevent):ti,ab,kw	25951	edit	delete
#124	(reduce):ti,ab,kw	97122	edit	delete
#125	"weight gain":ti,ab,kw	3595	edit	delete
#126	(#124 AND (#123 OR #124))	97122	edit	delete
#127	"health policy":ti,ab,kw	678	edit	delete
#128	" built environment":ti,ab,kw	6	edit	delete
#129	MeSH descriptor **Environment Design** explode all trees	45	edit	delete
#130	"food labeling":ti,ab,kw	29	edit	delete
#131	(campaign):ti,ab,kw	611	edit	delete
#132	MeSH descriptor **Taxes** explode all trees	30	edit	delete
#133	(tax*):ti,ab,kw	1545	edit	delete
#134	(#126 OR #127)	97738	edit	delete
#135	(#126 OR #127 OR #128)	97744	edit	delete
#136	(#126 OR #127 OR #128 OR #129)	97772	edit	delete
#137	(#126 OR #127 OR #128 OR #129 OR #130)	97793	edit	delete
#138	(#126 OR #127 OR #128 OR #129 OR #130 OR #131)	98256	edit	delete
#139	(#126 OR #127 OR #128 OR #129 OR #130 OR #131 OR #132)	98280	edit	delete
#140	(#126 OR #127 OR #128 OR #129 OR #130 OR #131 OR #132 OR #133)	99645	edit	delete

#141	(((#21 AND #140) AND NOT #98) AND NOT #121)	4632	edit	delete
#142	(#122 OR #141)	5806	edit	delete

EMBASE:

'body weight'/exp OR 'body weight':ab,ti OR 'normal weight':ab,ti OR 'overweight':ab,ti OR 'over weight':ab,ti OR 'body mass index':ab,ti OR 'body mass'/exp OR 'bmi':ab,ti OR 'healthy weight':ab,ti OR 'obesity'/exp OR obesity:ab,ti OR obese:ab,ti AND ('weight gain':ab,ti AND (prevent*:ab,ti OR reduc*:ab,ti) OR 'built environment':ab,ti OR 'healthcare policy'/exp OR 'health care policy':ab,ti OR 'health policy':ab,ti OR 'environmental planning'/exp OR 'environmental planning':ab,ti OR 'environment design':ab,ti OR 'purchasing behavior':ab,ti OR 'purchasing behaviors':ab,ti OR 'food labeling':ab,ti OR 'calorie information':ab,ti OR 'calorie labeling':ab,ti OR campaign:ab,ti OR 'tax'/exp OR tax*:ab,ti OR 'income inequality':ab,ti) NOT ('anorexia nervosa'/exp OR 'anorexia nervosa':ab,ti OR 'anorexia'/exp OR anorexia:ab,ti OR anorectic:ab,ti OR 'bulimia'/exp OR bulimia:ab,ti OR bulimic:ab,ti OR 'cachexia'/exp OR cachexia:ab,ti OR fragility:ab,ti OR 'gestational weight gain':ab,ti) NOT ('infant'/exp OR infant:ab,ti OR 'child'/exp OR child:ab,ti OR children:ab,ti OR 'adolescent'/exp OR adolescent:ab,ti OR 'teen-age':ab,ti OR pediatric:ab,ti OR perinatal:ab,ti NOT (adult:ab,ti OR adults:ab,ti OR mother:ab,ti OR father:ab,ti OR family:ab,ti OR parent:ab,ti OR 'men'/exp OR men:ab,ti OR 'women'/exp OR women:ab,ti)) NOT ('animal'/exp OR animal:ab,ti NOT ('human'/exp OR human:ab,ti)) OR (maintenance:ab,ti OR maintain:ab,ti OR management:ab,ti OR ('weight gain':ab,ti AND prevent*:ab,ti) AND ('body weight'/exp OR 'body weight':ab,ti OR 'normal weight':ab,ti OR 'overweight':ab,ti OR 'over weight':ab,ti OR 'body mass index':ab,ti OR 'body mass'/exp OR 'bmi':ab,ti OR 'healthy weight':ab,ti OR 'obesity'/exp OR obesity:ab,ti OR obese:ab,ti) AND ('diet'/exp OR diet:ab,ti OR diets:ab,ti OR 'energy intake':ab,ti OR nutrition:ab,ti OR 'exercise'/exp OR exercise:ab,ti OR 'walking'/exp OR walking:ab,ti OR walk:ab,ti OR running:ab,ti OR run:ab,ti OR jogging:ab,ti OR jog:ab,ti OR biking:ab,ti OR bike:ab,ti OR aerobics:ab,ti OR 'resistance training'/exp OR 'resistance training':ab,ti OR training:ab,ti OR 'physical activity':ab,ti OR pharmaceutical:ab,ti OR drug:ab,ti OR medication:ab,ti OR prescription:ab,ti OR 'tetrahydrolipstatin'/exp OR tetrahydrolipstatin:ab,ti OR orlistat:ab,ti OR behavior:ab,ti OR behavioral:ab,ti) NOT ('anorexia nervosa'/exp OR 'anorexia nervosa':ab,ti OR 'anorexia'/exp OR anorexia:ab,ti OR anorectic:ab,ti OR 'bulimia'/exp OR bulimia:ab,ti OR bulimic:ab,ti OR 'cachexia'/exp OR cachexia:ab,ti OR fragility:ab,ti OR 'gestational weight gain':ab,ti) NOT ('infant'/exp OR infant:ab,ti OR 'child'/exp OR child:ab,ti OR children:ab,ti OR 'adolescent'/exp OR adolescent:ab,ti OR 'teen-age':ab,ti OR pediatric:ab,ti OR perinatal:ab,ti NOT (adult:ab,ti OR adults:ab,ti OR mother:ab,ti OR father:ab,ti OR family:ab,ti OR parent:ab,ti OR 'men'/exp OR men:ab,ti OR 'women'/exp OR women:ab,ti)) NOT ('animal'/exp OR animal:ab,ti NOT ('human'/exp OR human:ab,ti)))

Database	N (June 8, 2011)	ProCite starting number
PubMed (18 May)	10440 + 164 =	10
Cochrane (19 May)	5806 + 0 = 5806	20,001
Embase (6 June)	6560 = 0	30,001
CINAHL/PsycINFO (8 June)	4348	40,001
TOTAL		

Appendix C

Title screening form

DistillerSR Carmelasophia

Project Adult Weight KQ1_5 (Switch) User renee.wilson (My Settings)
Messages 5 new

Review | Datarama | Reports | References | Forms | Manage Levels | Users | Project | Logout

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

Submit Form and go to | or Skip to Next

1. **Does this title/abstract apply to any of the above Key questions (Key Questions)?**

- No
- Yes

Clear Response

Submit Form and go to | or Skip to Next

Abstract screening form (answer yes)

DistillerSR Carmelasophia

Project Adult Weight KQ1_5 (Switch) User reneo.wilson (My Settings)
Messages 5 new
Live Support
Currently Unavailable

Review | Datarama | Reports | References | Forms | Manage Levels | Users | Project | Logout

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

Submit Form and go to | or Skip to Next

KEY QUESTIONS

KQ1: Which self-management approaches are effective for prevention of weight gain in adults?
KQ2: Which dietary approaches are effective for prevention of weight gain in adults?
KQ3: Which physical activity approaches are effective for prevention of weight gain in adults?
KQ4: Which medications are effective for prevention of weight gain in adults?
KQ5: Which combination of behavioral, dietary, physical activity, educational, and/or medication approaches are effective for prevention of weight gain in adults?
KQ6: Which environment-level approaches are effective for prevention of weight gain in adults?

1

☐ non-English abstract

2. **Does this title/abstract apply to any of the above Key questions? (see** PICOTS**)**

○ No (answer reasons for exclusion)
◉ Yes (identify KQ)
Include article for review
○ KQ 1-5
○ KQ 6
Clear Response

○ Unclear (screen article)
Clear Response

8 Comment

Submit Form and go to | or Skip to Next

Article screening form (answer No)

DistillerSR Carmelasophia Project Adult Weight KQ1_5 (Switch) User roneo.wilson (My Settings)
Messages 5 new
Live Support Currently Unavailable

Review | Datarama | Reports | References | Forms | Manage Levels | Users | Project | Logout

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

Submit Form and go to or Skip to Next

KEY QUESTIONS

KQ1: Which self-management approaches are effective for prevention of weight gain in adults?
KQ2: Which dietary approaches are effective for prevention of weight gain in adults?
KQ3: Which physical activity approaches are effective for prevention of weight gain in adults?
KQ4: Which medications are effective for prevention of weight gain in adults?
KQ5: Which combination of behavioral, dietary, physical activity, educational, and/or medication approaches are effective for prevention of weight gain in adults?
KQ6: Which environment-level approaches are effective for prevention of weight gain in adults?

1

☐ non-English abstract

2. **Does this title/abstract apply to any of the above Key questions? (see** PICOTS**)**

◉ No (answer reasons for exclusion)

Exclude article from review

- ○ No original data
- ○ Followup < 1 year
- ○ Study of children only
- ○ Goal of study is weight loss
- ○ Does not report weight or adiposity or weight-related outcomes in the abstract
- ○ Study population at risk for malnourishment or underweight (e.g., dialysis patients; anorexia)
- ○ No intervention of interest
- ○ No comparison group
- ○ No human data reported
- ○ Abstract only
- ○ Qualitative study (focus group, directed interviews)
- ○ Does not apply to key questions

Clear Response

○ Yes (identify KQ)

☐ Unclear (screen article)

Clear Response

3. Comment

Submit Form and go to or Skip to Next

Abstract screening form (answer unclear)

DistillerSR Carmelasophia

Project Adult Weight KQ1_5 (Switch) User reneo.wilson (My Settings)
Messages 5 new
Live Support Currently Unavailable

Review | Datarama | Reports | References | Forms | Manage Levels | Users | Project | Logout

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

Submit Form and go to | or Skip to Next

KEY QUESTIONS

KQ1: Which self-management approaches are effective for prevention of weight gain in adults?
KQ2: Which dietary approaches are effective for prevention of weight gain in adults?
KQ3: Which physical activity approaches are effective for prevention of weight gain in adults?
KQ4: Which medications are effective for prevention of weight gain in adults?
KQ5: Which combination of behavioral, dietary, physical activity, educational, and/or medication approaches are effective for prevention of weight gain in adults?
KQ6: Which environment-level approaches are effective for prevention of weight gain in adults?

1

☐ non-English abstract

2. **Does this title/abstract apply to any of the above Key questions? (see** PICOTS**)**

○ No (answer reasons for exclusion)
○ Yes (identify KQ)
◉ Unclear (screen article)
Clear Response

☐ No abstract available
☐ Other reason
Clear Response

8. Comment

Submit Form and go to | or Skip to Next

Article screening form (answer yes)

DistillerSR Carmelasophia

Project Adult Weight KQ1_5 (Switch) User renee.wilson (My Settings)
Messages 5 new
Live Support Currently Unavailable

Review | Datarama | Reports | References | Forms | Manage Levels | Users | Project | Logout

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

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KEY QUESTIONS

KQ1: Which self-management approaches are effective for prevention of weight gain in adults?
KQ2: Which dietary approaches are effective for prevention of weight gain in adults?
KQ3: Which physical activity approaches are effective for prevention of weight gain in adults?
KQ4: Which medications are effective for prevention of weight gain in adults?
KQ5: Which combination of behavioral, dietary, physical activity, educational, and/or medication approaches are effective for prevention of weight gain in adults?
KQ6: Which environment-level approaches are effective for prevention of weight gain in adults?

1.

☐ non-English article (ID language)

2. **Does this title/abstract apply to any of the above Key questions? (see PICOTS)**

○ No (answer reasons for exclusion)
◉ Yes (identify KQ)

Include article for review
(If the article appears to apply to KQs 1-5 AND KQ6, mark as applicable to KQ6).

○ KQ 1: self-management
○ KQ 2: diet
○ KQ 3: physcial activity
○ KQ 4: medications
○ KQ 5: combination (of above therapies or head to head comparisons)
○ KQ 6: environment-level

Clear Response

3. Exposure type

○ Interventional
◉ Observational

Clear Response

8. Comment

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Article screening form (answer no)

DistillerSR Carmelasophia

Project Adult Weight KQ1_5 (Switch) User renee.wilson (My Settings)
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Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

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KEY QUESTIONS

KQ1: Which self-management approaches are effective for prevention of weight gain in adults?
KQ2: Which dietary approaches are effective for prevention of weight gain in adults?
KQ3: Which physical activity approaches are effective for prevention of weight gain in adults?
KQ4: Which medications are effective for prevention of weight gain in adults?
KQ5: Which combination of behavioral, dietary, physical activity, educational, and/or medication approaches are effective for prevention of weight gain in adults?
KQ6: Which environment-level approaches are effective for prevention of weight gain in adults?

1

☐ non-English article (ID language)

2. **Does this title/abstract apply to any of the above Key questions? (see PICOTS)**

◉ No (answer reasons for exclusion)

Exclude article from review

- ○ Does not report weight change over 1 year
- ○ Goal of study is weight loss or weight maintenance after weight loss
- ○ No intervention/exposure of interest
- ○ No comparison group (e.g., case report, case series, all arms exposed to intervention)
- ○ Study does not report outcome by exposure
- ○ Qualitative study (focus group, directed interviews)
- ○ Study population at risk for malnourishment or underweight (e.g., dialysis patients; anorexia)
- ○ No original data
- ○ Study of children only
- ○ No human data reported
- ○ Abstract only
- ○ Does not apply to key questions

Clear Response

○ Yes (identify KQ)
Clear Response

3. Exposure type

○ Interventional
◉ Observational
Clear Response

8. Comment

Submit Form and go to | or Skip to Next

Study characteristics

DistillerSR

Ritu sharma
Yoha Chelladurai

Reviewer10
Carmelasophia

Margaret Paterson

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Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rathnam U, Yesupatan RS, Sinha A

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Study Characteristics

1. Should this study be included?

- Yes

3. Is the study's stated goal weight maintenance/prevention of weight gain?

- Yes
- No/Not reported

6. Does this study have a name?

- Yes
- No

Clear Response

9. Years of recruitment or (calendar years)

- Start year
- End Year
- Not reported

10. Study Location (choose all that apply)

- United States
- Canada
- Australia
- Europe
- Asia
- Africa
- Not reported
- Other

11. Recruitment setting (choose all that apply)

- Clinical (inpatient or outpatient)
- Work place
- Community/geographic (e.g., health fair, church, TV, newspaper, etc)
- School
- Membership (society, organization, etc)
- Not reported
- Other

12. Was the intervention, exposure or outcome collected at more than one site?

- Yes
- No
- Unclear/Not reported

13. Study Design

- Randomized intervention
- Non-randomized intervention
- Cohort-prospective
- Cohort-retrospective
- Cross-sectional
- Ecological (denominator changes over time)

14. Duration of intervention (ONLY for interventional studies)

- 3 months
- 6 months
- 12 months
- 18 months
- 24 months
- 60 months
- Other (in months)
- NOT an interventional study

Inclusion criteria (convert all exclusion criteria to inclusion criteria)
If the inclusion criteria are different across groups make a note in the "Other comments"

Criteria	Male	Female	Age	BMI (mean, median, range)	Other adiposity measures	Condition	Language (spoken/understood)	Et
INCLUDE	15. Male only Not listed as an inclusion criterion	16. Female only Not listed as an inclusion criterion	17. use > for greater than OR greater than or equal to use < for less than OR less than or equal to >_ <_ Other Not listed as an inclusion criterion	18. use > for greater than OR greater than or equal to use < for less than OR less than or equal to >_ <_ Other Not listed as an inclusion criterion	19. Describe Not listed as an inclusion criterion	20. Choose all that apply Obese only CVD T2DM CVD/T2DM at risk Psychological/behavioral conditions Workplace School Cancer survivors Post-partum Post-menopausal Other Not listed as an inclusion criterion	21. English Spanish Other (describe) Not listed as an inclusion criterion	22

24. COMMENTS about Study Characteristics

No - exclude for reasons below
Clear Response

4. Does this study apply to Key Question 6 (environmental level)

Yes
No
Clear Response

25. **R2 only: if you are reviewing R1 data entry, enter your initials when you have completed her audit**

Submit Form and go to or Skip to Next

Participant characteristics

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ritu.sharma Reviewer10 Margaret.Peterson
Yoha.Chelladurai Carmelasophia

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Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

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Participant Characteristics at Baseline

1. Total N at baseline

- N
- Not reported

INSTRUCTIONS:
If information is available for the total populations at baseline, complete the first column and ONLY the first column.
If information is only available by intervention/exposure groups, complete the Groups columns.
If information is not available by intervention/exposure groups, select *other* and briefly describe group.
If the Group Ns at baseline do not add up to the Total Population N at baseline, please contact the 2nd reviewer before abstracting.

Be consistent in Arm designations. This should match the Arm/Group you described in the Interventions form.
If the study is reported not only by intervention arm, but also by subgroup use the "other" option for the arm and describe.

Overall group	2. **Arm 1** (always use for control) Leave blank if there is no control group Select an Answer	3. **Arm 2** Select an Answer	4. **Arm 3** Select an Answer	5. **Arm 4** Select an Answer	6. **Arm 5** Select an Answer
7. N	8. n	9. n	10. n	11. n	12. n

13. Follow-up time in months from the beginning of the intervention/exposure

- Mean
- Median
- Maximum

☐ Minimum
☐ Not reported

14. If follow-up time differs across groups, please comment

15. Sex

◉ reported

Overall Group	Arm 1	Arm 2	Arm 3	Arm 4	Arm 5
16. ☐ women, n ☐ women, %	17. ☐ women, n ☐ women, %	18. ☐ women, n ☐ women, %	19. ☐ women, n ☐ women, %	20. ☐ women, n ☐ women, %	21. ☐ women, n ☐ women, %

22. If sex differs by group, please describe

○ not reported

23. Age

◉ reported

Overall Group	Arm 1	Arm 2	Arm 3	Arm 4	Arm 5
24. ☐ mean ☐ Median ☐ Range	25. ☐ mean ☐ Median ☐ Range	26. ☐ mean ☐ Median ☐ Range	27. ☐ mean ☐ Median ☐ Range	28. ☐ mean ☐ Median ☐ Range	29. ☐ mean ☐ median ☐ range

30. If age differs by group, please describe

○ not reported

31. Race/ethnicity

◉ Reported

	Overall Group	Arm 1	Arm 2	Arm 3	Arm 4	Arm 5
White, non-Hispanic	32. ☐ n ☐ %	33. ☐ n ☐ %	34. ☐ n ☐ %	35. ☐ n ☐ %	36. ☐ n ☐ %	37. ☐ n ☐ %
Black, non-Hispanic	38. ☐ n ☐ %	39. ☐ n ☐ %	40. ☐ n ☐ %	41. ☐ n ☐ %	42. ☐ n ☐ %	43. ☐ n ☐ %
Latino/Hispanic	44. ☐ n ☐ %	45. ☐ n ☐ %	46. ☐ n ☐ %	47. ☐ n ☐ %	48. ☐ n ☐ %	49. ☐ n ☐ %
Asian/Pacific Islander	50. ☐ n ☐ %	51. ☐ n ☐ %	52. ☐ n ☐ %	53. ☐ n ☐ %	54. ☐ n ☐ %	55. ☐ n ☐ %
American Indian/Alaska Native	56. ☐ n ☐ %	57. ☐ n ☐ %	58. ☐ n ☐ %	59. ☐ n ☐ %	60. ☐ n ☐ %	61. ☐ n ☐ %
62. Other	63. ☐ n ☐ %	64. ☐ n ☐ %	65. ☐ n ☐ %	66. ☐ n ☐ %	67. ☐ n ☐ %	68. ☐ n ☐ %
69. Other	70. ☐ n ☐ %	71. ☐ n ☐ %	72. ☐ n ☐ %	73. ☐ n ☐ %	74. ☐ n ☐ %	75. ☐ n ☐ %
76. Other	77. ☐ n ☐ %	78. ☐ n ☐ %	79. ☐ n ☐ %	80. ☐ n ☐ %	81. ☐ n ☐ %	82. ☐ 2n ☐ %

83. If race/ethnicity differs by group, please describe

not reported

84. Education

Reported

	Overall Group	Arm 1	Arm 2	Arm 3	Arm 4	Arm 5
< High School	85. n %	86. n %	87. n %	88. n %	89. n %	90. n %
Completed High School	91. n %	92. n %	93. n %	94. n %	95. n %	96. n %
College Degree	97. n %	98. n %	99. n %	100. n %	101. n %	102. n %
Post-graduate Degree	103. n %	104. n %	105. n %	106. n %	107. n %	108. n %
Years of education	109. mean median min max	110. mean median min max	111. mean median min max	112. mean median min max	113. mean median min max	114. mean median min max
115. Other	116. n %	117. n %	118. n %	119. n %	120. n %	121. n %

122. Other	123. ☐ n ☐ %	124. ☐ n ☐ %	125. ☐ n ☐ %	126. ☐ n ☐ %	127. ☐ n ☐ %	128. ☐ n ☐ %
129. Other	130. ☐ n ☐ %	131. ☐ n ☐ %	132. ☐ n ☐ %	133. ☐ n ☐ %	134. ☐ n ☐ %	135. ☐ n ☐ %

136. If education differs by group, please describe

○ not reported

137. Smoking

◉ reported

	Overall Group	Arm 1	Arm 2	Arm 3	Arm 4	Arm 5
Current	138. ☐ n ☐ %	139. ☐ n ☐ %	140. ☐ n ☐ %	141. ☐ n ☐ %	142. ☐ n ☐ %	143. ☐ n ☐ %
Former	144. ☐ n ☐ %	145. ☐ n ☐ %	146. ☐ n ☐ %	147. ☐ n ☐ %	148. ☐ n ☐ %	149. ☐ n ☐ %
Ever	150. ☐ n ☐ %	151. ☐ n ☐ %	152. ☐ n ☐ %	153. ☐ n ☐ %	154. ☐ n ☐ %	155. ☐ n ☐ %
Never	156. ☐ n ☐ %	157. ☐ n ☐ %	158. ☐ n ☐ %	159. ☐ n ☐ %	160. ☐ n ☐ %	161. ☐ n ☐ %

162. If smoking status differs by group, please describe

not reported

163. Duration of diabetes (years)

reported

Overall Group	Arm 1	Arm 2	Arm 3	Arm 4	Arm 5
164. mean / Median / Range	165. mean / Median / Range	166. mean / Median / Range	167. mean / Median / Range	168. mean / Median / Range	169. mean / median / range

170. If duration of diabetes differs by group, please describe

not reported

171. Diabetic medication use

reported

Overall Group	Arm 1	Arm 2	Arm 3	Arm 4	Arm 5
172. n / %	173. n / %	174. n / %	175. n / %	176. n / %	177. n / %

178. If diabetes medication use differs by group, please describe

not reported

179. Other Comments

180. **R2 only: if you are reviewing R1 data entry, enter your initials when you have completed the audit**

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Interventions

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ritu.sharma Reviewer10 Margaret.Peterson
Yoha.Chelladurai Carmelasophia

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Rethnam U, Yesupalan RS, Sinha A.

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ARM 1--always use for control group

1. Control (Arm 1)

- ☐ No control/all arms were active
- ☐ Usual care/no intervention
- ☐ Printed Materials
- ☐ Advice/counseling
- ☐ Delivery
- ☐ Other

5. Comment

6. **Arm 2**
(brief description or nickname: e.g., "ADA diet")

7. Duration of intervention, months

8. Interventions/Exposure

- ☑ Self-management

Self-management

Counseling	Frequency	Delivery

9.	10. ○ One time ○ One time/week ○ One time/month ○ Number of sessions ○ Other Clear Response	11. ☐ In person ☐ By Phone (do not use for text messages) ☐ Other ☐ Not reported

Use below to describe the self-management intervention

Intervention	Describe
Goal setting	12.
Stress management	13.
Cognitive behavioral therapy	14.
Pedometer	15.
Daily weighing	16.
Food diary	17.

TV viewing	18.
Sleep time	19.
Other	20.

☑ Diet

Diet Counseling/Education

Define		**Frequency** (if applicable)	**Delivery**
21.	22. ○ Education ○ Counseling ○ Structured program (Jenny Craig, Weight Watchers) ○ Feeding study Clear Response	23. ☐ One time session ☐ One time/week ☐ One time/month ☐ Number of sessions ☐ Not applicable ☐ Other	24. ☐ In person ☐ By Phone (do not use for text messages) ☐ Other

Use below to describe the dietary intervention

Intervention	**Describe**
25. Calorie control/portion control ☐ Calorie control ☐ Portion control ☐ Other	26.

27. Intake ☐ Eating frequency ☐ Fruit/vegetable rich ☐ Fiber ☐ Calorie replacement ☐ Meal replacement ☐ Calcium rich diet ☐ Mediterranean ☐ Vegetarian ☐ Other	28.
Other	29.

☑ Physical Activity

Physical activity counseling/education

Define		Frequency (if applicable)	Delivery
30.	31. Education Counseling Clear Response	32. One time session One time/week One time/month Number of sessions Not applicable Other	33. In person By Phone (do not use for text messages) Other

Exercise

	Frequency of sessions	Duration of sessions	Intensity
34. Individual (running, lifting, swimming) Group (classes, organized sports) Other	35. Times/sessions per week Times/sessions per month Minutes per week Number of sessions Not applicable Other	36. Minutes Hours Other	37. MET/hr Calories per hour Other

38. Additional comments about exercise interventions

☑ Orlistat

39. Orlistat (describe)

☑ KQ6-community-level

40. KQ6 (community-level)

41. **Arm 3**
(brief description or nickname: e.g., "ADA diet")

42. Duration of intervention, months

43. Interventions/Exposure

- ☐ Self-management
- ☐ Diet
- ☐ Physical Activity
- ☐ Orlistat
- ☐ KQ6 (community-level)

76. **Arm 4**
(brief description or nickname: e.g., "ADA diet")

77. Duration of intervention, months

78. Interventions/Exposure

- ☐ Self-management
- ☐ Diet
- ☐ Physical Activity
- ☐ Orlistat
- ☐ KQ6 (community-level)

111. **Arm 5**
(brief description or nickname: e.g., "ADA diet")

112. Duration of intervention, months

113. Interventions/Exposure

- ☐ Self-management
- ☐ Diet
- ☐ Physical Activity
- ☐ Orlistat

☐ KQ6 (community-level)

146.
GENERAL COMMENTS

147. **R2 only: if you are reviewing R1 data entry, enter your initials when you have completed the audit**

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Weight Outcomes

DistillerSR

rfuzforms
Vitra Chaladurai

Reviewer10
Carmelasophia

Margaret Peterson

Project Adult Weight K01_5 (Switch) User renee wilson (My Settings)
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Rehman U, Yesupalan RS, Sinha A.

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1. **Weight Outcome** (choose one)

Select an Answer

2. How was weight measured?

Select an Answer

3. Was there a subgroup analysis in this article?
(are weight results or interventions stratified by groups or p for interaction reported)

- Yes (identify below and abstract group data only)
- Yes study only includes subgroup analysis (identify below and stop here)
  - 5. Subgroup
    - Age
    - Race
    - Sex
    - Other (define)
    - Other (define)
    - Other (define)
- No

Clear Response

Arm 1 (Control group) Leave blank if there is no control group	**Arm 2**	**Arm 3**	**Arm 4**	**Arm 5**
6. Baseline, n	7. Baseline, n	8. Baseline, n	9. Baseline, n	10. Baseline, n
11. Baseline measure mean median range SD se CI_LL CI_UL strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)	12. Baseline measure mean median range SD se CI_LL CI_UL strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)	13. Baseline measure mean median range SD se CI_LL CI_UL strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)	14. Baseline measure mean median range SD se CI_LL CI_UL strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)	15. Baseline measure mean median range SD se CI_LL CI_UL strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)
16. 12 months, n n check if this is the last timepoint reported	17. 12 months, n n check if this is the last reported timepoint	18. 12 months, n n check if this is the last reported timepoint	19. 12 months, n n check if this is the last reported timepoint	20. 12 months, n n check if this is the last reported timepoint
21. 12 month measure	22. 12 month measure	23. 12 month measure	24. 12 month measure	25. 12 month measure

☐ mean ☐ median ☐ range ☐ SD ☐ se ☐ CI_LL ☐ CI_UL ☐ Mean change ☐ strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)	☐ mean ☐ median ☐ range ☐ SD ☐ se ☐ CI_LL ☐ CI_UL ☐ mean change ☐ strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)	☐ mean ☐ median ☐ range ☐ SD ☐ se ☐ CI_LL ☐ CI_UL ☐ mean change ☐ strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)	☐ mean ☐ median ☐ range ☐ SD ☐ se ☐ CI_LL ☐ CI_UL ☐ mean change ☐ strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)	☐ mean ☐ median ☐ range ☐ SD ☐ se ☐ CI_LL ☐ CI_UL ☐ mean change ☐ strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)
26. 24 months, n ☐ n ☐ check if this is the last timepoint reported	27. 24 months, n ☐ n ☐ check if this is the last reported timepoint	28. 24 months, n ☐ n ☐ check if this is the last reported timepoint	29. 24 months, n ☐ n ☐ check if this is the last reported timepoint	30. 24 months, n ☐ n ☐ check if this is the last reported timepoint
31. 24 month measure ☐ mean ☐ median ☐ range ☐ SD ☐ se ☐ CI_LL ☐ CI_UL ☐ mean change ☐ strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)	32. 24 month measure ☐ mean ☐ median ☐ range ☐ SD ☐ se ☐ CI_LL ☐ CI_UL ☐ mean change ☐ strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)	33. 24 month measure ☐ mean ☐ median ☐ range ☐ SD ☐ se ☐ CI_LL ☐ CI_UL ☐ mean change ☐ strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)	34. 24 month measure ☐ mean ☐ median ☐ range ☐ SD ☐ se ☐ CI_LL ☐ CI_UL ☐ mean change ☐ strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)	35. 24 month measure ☐ mean ☐ median ☐ range ☐ SD ☐ se ☐ CI_LL ☐ CI_UL ☐ mean change ☐ strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)
36. 60 months, n ☐ n ☐ check if this is the last timepoint reported	37. 60 months, n ☐ n ☐ check if this is the last reported timepoint	38. 60 months, n ☐ n ☐ check if this is the last reported timepoint	39. 60 months, n ☐ n ☐ check if this is the last reported timepoint	40. 60 months, n ☐ n ☐ check if this is the last reported timepoint
41. 60 month measure ☐ mean ☐ median ☐ range ☐ SD ☐ se ☐ CI_LL ☐ CI_UL ☐ mean change ☐ strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)	42. 60 month measure ☐ mean ☐ median ☐ range ☐ SD ☐ se ☐ CI_LL ☐ CI_UL ☐ mean change ☐ strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)	43. 60 month measure ☐ mean ☐ median ☐ range ☐ SD ☐ se ☐ CI_LL ☐ CI_UL ☐ strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)	44. 60 month measure ☐ mean ☐ median ☐ range ☐ SD ☐ se ☐ CI_LL ☐ CI_UL ☐ mean change ☐ strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)	45. 60 month measure ☐ mean ☐ median ☐ range ☐ SD ☐ se ☐ CI_LL ☐ CI_UL ☐ mean change ☐ strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)
46. Last reported time point (in months)	47. Last reported time point (in months)	48. Last reported time point (in months)	49. Last reported time point (in months)	50. Last reported time point (in months)
51. Last reported, n	52. Last reported, n	53. Last reported, n	54. Last reported, n	55. Last reported, n
56. Last reported measure ☐ mean ☐ median ☐ range	57. Last reported measure ☐ mean ☐ median ☐ range	58. Last reported measure ☐ mean ☐ median ☐ range	59. Last reported measure ☐ mean ☐ median ☐ range	60. Last reported measure ☐ mean ☐ median ☐ range

SD		SD		SD		SD		SD	
se		se		se		se		se	
CI_LL		CI_LL		CI_LL		CI_LL		CI_LL	
CI_UL		CI_UL		CI_UL		CI_UL		CI_UL	
mean change		mean change		mean change		mean change		mean change	
strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)		strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)		strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)		strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)		strata (e.g. n BMI<25, n BMI 25-30,n BMI>30)	

61. **Describe test for trend or other comments**

Measure of Association/Counts/Percentages/Events/Rate

62. Did study report a measure of association (between group difference)?

Yes

63.

12 months

64. **Define if measure of association is different from above.**
(e.g., risk of obesity (BMI > 29.9), risk of > 3kg increase in weight)

Arm	N for analysis	Outcome measure	Denominator	Point estimate (Select one response)	Measure of variability (Select one response)	95% CI	P-value	Reference group
				Select an Answer	Select an Answer			
Arm 1 (control group) If no control group, leave this blank		# patients wit one or more events % patients with one or more events # events other	69. Select an Answer		71.	LL UL		Select an Answer
Arm 2		# patients wit one or more events % patients with one or more events # events Other	77. Select an Answer		79.	LL UL		Select an Answer
Arm 3		# patients wit one or more events % patients with one or more events # events other	85. Select an Answer		87.	LL UL		Select an Answer

Arm 4		☐ # patients wit one or more events ☐ % patients with one or more events ☐ # events ☐ other	93. Select an Answer		95.	☐ LL ☐ UL		Select an Answer
Arm 5		☐ # patients wit one or more events ☐ % patients with one or more events ☐ # events ☐ other	101. Select an Answer		103.	☐ LL ☐ UL		Select an Answer

107. Were variables adjusted for?

- ○ Yes
- ○ No

Clear Response

- ☐ 24 months
- ☐ 60 months
- ☐ Other (in months)

- ○ No

Clear Response

241. **GENERAL COMMENTS**

242. **R2 only: if you are reviewing R1 data entry, enter your initials when you have completed the audit**

Submit Form and go to or Skip to Next

Adverse Events and Clinical Outcomes Forms

DistillerSR

ritu.sharma Reviewer10 Margaret.Peterson
Yoha.Chelladurai Carmelasophia

Project Adult Weight KQ1_5 (Switch) User renee.wilson (My Settings)
Messages 5 new
Live Support User Guide

Review | Datarama | Reports | References | Forms | Manage Levels | Users | Project | Logout

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

Submit Form and go to or Skip to Next

Clinical Outcome, Intermediate Outcome, Adverse Event (choose one)	**Describe**
1. Select an Answer	2.

Be consistent in Arm. This should match the Arm you described in the Interventions form.

Arm 1 (use only for control) Leave blank if there is no control group	**Arm 2**	**Arm 3**	**Arm 4**	**Arm 5**
3. Baseline, n	4. Baseline, n	5. Baseline, n	6. Baseline, n	7. Baseline, n
8. Baseline measure mean median range SD se CI_LL CI_UL	9. Baseline measure mean median range SD se CI_LL CI_UL	10. Baseline measure mean median range SD se CI_LL CI_UL	11. Baseline measure mean median range SD se CI_LL CI_UL	12. Baseline measure mean median range SD se CI_LL CI_UL
13. Last reported time point (in months) Select an Answer	14. Last reported time point (in months) Select an Answer	15. Last reported time point (in months) Select an Answer	16. Last reported time point (in months) Select an Answer	17. Last reported time point (in months) Select an Answer
18. Last reported, n	19. Last reported, n	20. Last reported, n	21. Last reported, n	22. Last reported, n

23. Last reported measure	24. Last reported measure	25. Last reported measure	26. Last reported measure	27. Last reported measure
mean	mean	mean	mean	mean
median	median	median	median	median
range	range	range	range	range
SD	SD	SD	SD	SD
se	se	se	se	se
CI_LL	CI_LL	CI_LL	CI_LL	CI_LL
CI_UL	CI_UL	CI_UL	CI_UL	CI_UL

28. **Describe between group differences**

Measure of Association/Counts/Percentages/Events/Rate

29. Did study report a measure of association?

Yes

30.

12 months

31. **Define if measure of association is different from above.**
(e.g., risk of obesity (BMI >29.9), risk of > 3kg increase in weight)

Arm	N for analysis	Outcome measure	Denominator	Point estimate (Select one response) Select an Answer	Measure of variability (Select one response) Select an Answer	95% CI	P-value	Reference group
Arm 1 (control group) If no control group,		# patients wit one or more events % patients with one or more events # events	36. Select an Answer		38.	LL UL		Select an Answer

leave this blank		☐ other						
Arm 2		☐ # patients wit one or more events ☐ % patients with one or more events ☐ # events ☐ other	44. Select an Answer		46.	☐ LL ☐ UL		Select an Answer
Arm 3		☐ # patients wit one or more events ☐ % patients with one or more events ☐ # events ☐ other	52. Select an Answer		54.	☐ LL ☐ UL		Select an Answer
Arm 4		☐ # patients wit one or more events ☐ % patients with one or more events ☐ # events ☐ other	60. Select an Answer		62.	☐ LL ☐ UL		Select an Answer
Arm 5		☐ # patients wit one or more events ☐ % patients with one or more events ☐ # events ☐ other	68. Select an Answer		70.	☐ LL ☐ UL		Select an Answer

74. Were variables adjusted for?

○ Yes
○ No
Clear Response

☐ 24 months
☐ 60 months
☐ Other (in months)

○ No
Clear Response

208. **GENERAL COMMENTS**

209. **R2 only: if you are reviewing R1 data entry, enter your initials when you have completed the audit**

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Risk of Bias Forms

DistillerSR

ritu.sharma Reviewer10 Margaret.Peterson
Yoha.Chelladurai Carmelasophia

Project Adult Weight KO1_5 (Switch) User renee.wilson (My Settings)
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Checklist for measuring study quality

Reporting

Question	Description	Answer
1. Is the hypothesis/aim/objective of the study clearly described?		1. ○ Yes ○ No
2. Are the main outcomes to be measured clearly described in the Introduction or Methods section?	*If the main outcomes are first mentioned in the Results section, the question should be answered 'no.'*	2. ○ Yes ○ No
3. Are the characteristics of the patients included in the study clearly described?	*In cohort studies and trials, inclusion and/or exclusion criteria should be given. In case-control studies, a case-definition and the source for controls should be given.*	3. ○ Yes ○ No
4. Are the interventions of interest clearly described?	*Treatments and placebo (where relevant) that are to be compared should be clearly described.*	4. ○ Yes ○ No
5. Are the distributions of principal confounders in each group of subjects to be compared clearly described?	*A list of principal confounders is provided.*	5. ○ Yes ○ Partially ○ No

6. Are the main findings of the study clearly described?	*Simple outcome data (including denominators and numerators) should be reported for all major findings so that the reader can check the major analyses and conclusions. (This question does not cover statistical tests which are considered below).*	6. Yes No
7. Does the study provide estimates of the random variability in the data for the main outcomes?	*In non-normally distributed data the inter-quartile range of results should be reported. In normally distributed data the standard error, standard deviation or confidence intervals should be reported. If the distribution of the data is not described, it must be assumed that the estimates used were appropriate and the question should be answered 'yes.'*	7. Yes No
8. Have all important adverse events that may be a consequence of the intervention been reported?	*This should be answered 'yes' if the study demonstrates that there was a comprehensive attempt to measure adverse events. (A list of possible adverse events is provided).*	8. Yes No
9. Have the characteristics of patients lost to follow-up been described?	*This should be answered 'yes' where there were no losses to follow-up or where losses to follow-up were so small that findings would be unaffected by their inclusion. This should be answered 'no' where a study does not report the number of patients lost to follow-up.*	9. Yes No
10. Have actual probability values been reported (e.g. 0.035 rather than <0.05) for the main outcomes except where the probability value is less than 0.001?		10. Yes No

External Validity

Question	Description	Answer
11. Were the subjects asked to participate in the study representative of the entire population from which they were recruited?	*The study must identify the source population for patients and describe how the patients were selected. Patients would be representative if they comprised the entire source population, an unselected sample of consecutive patients, or a random sample. Random sampling is only feasible where a list of all members of the relevant population exists. Where a study does not report the proportion of the source population from which the patients are derived, the question should be answered 'unable to determine.'*	11. Yes No unable to determine
12. Were those subjects who were prepared to participate representative of the entire population from which they were recruited?	*The proportion of those asked who agreed should be stated. Validation that the sample was representative would include demonstrating that the distribution of the main confounding factors was the same in the study sample and the source population.*	12. Yes No unable to determine
13. Were the staff, places, and facilities where the patients were treated representative of the treatment the majority	*For the question to be answered 'yes' the study should demonstrate that the intervention was representative of that in use in the source population. The question should be answered 'no' if, for example, the intervention was undertaken in a specialist center unrepresentative of the hospitals most of the source population would attend.*	13. Yes

of patients receive?

- No
- unable to determine

Internal Validity-bias

Question	Description	Answer
14. Was an attempt made to blind study subjects to the intervention they have received?	*For studies where the patients would have no way of knowing which intervention they received, this should be answered 'yes.'*	14. Yes No unable to determine
15. Was an attempt made to blind those measuring the main outcomes of the intervention?		15. Yes No unable to determine
16. If any of the results of the study were based on "data dredging", was this made clear?	*Any analyses that had not been planned at the outset of the study should be clearly indicated. If no retrospective unplanned subgroup analyses were reported, then answer 'yes.'*	16. Yes No unable to determine
17. In trials and cohort studies, do the analyses adjust for different lengths of follow-up of patients, or in case-control studies, is the time period between the intervention and outcome the same for cases and controls?	*Where follow-up was the same for all study patients the answer should be 'yes.' If different lengths of follow-up were adjusted, for example, by survival analysis, the answer should be 'yes.' Studies where differences in follow-up are ignored should be answered 'no.'*	17. Yes No unable to determine
18. Were the statistical tests used to assess the main outcomes appropriate?	*The statistical techniques used must be appropriate to the data. For example nonparametric methods should be used for small sample sizes. Where little statistical analysis has been undertaken but where there is no evidence of bias, the question should be answered 'yes.' If the distribution of the data (normal or not) is not described it must be assumed that the estimates used were appropriate and the question should be answered 'yes.'*	18. Yes No unable to determine
19. Was compliance with the intervention/s reliable?	*Where there was non-compliance with the allocated treatment or where there was contamination of one group, the question should be answered 'no.' For studies where the effect of any misclassification was likely to bias any association to the null, the question should be answered 'yes.'*	19. Yes No unable to determine

20. Were the main outcome measures used accurate (valid and reliable)?	*For studies where the outcome measures are clearly described, the question should be answered 'yes.' For studies which refer to other work or that demonstrates the outcome measures are accurate, the question should be answered 'yes.'*	20. ○ Yes ○ No ○ unable to determine

Internal Validity-confounding and selection bias

Question	Description	Answer
21. Were the patients in different intervention groups (trials and cohort studies) or were the cases and controls (case-control studies) recruited from the same population?	*For example, patients for all comparison groups should be selected from the same hospital. The question should be answered unable to determine for cohort and case-control studies where there is no information concerning the source of patients included in the study.*	21. ○ Yes ○ No ○ unable to determine
22. Were study subjects in different intervention groups (trials and cohort studies) or were the cases and controls (case-control studies) recruited over the same period of time?	*For a study which does not specify the time period over which patients were recruited, the question should be answered as unable to determine.*	22. ○ Yes ○ No ○ unable to determine
23. Were study subjects randomized to intervention groups?	*Studies which state that subjects were randomized should be answered yes except where method of randomization would not ensure random allocation. For example alternate allocation would score no because it is predictable.*	23. ○ Yes ○ No ○ unable to determine
24. Was the randomized intervention assignment concealed from both patients and health care staff until recruitment was complete and irrevocable?	*All non-randomized studies should be answered 'no.' If assignment was concealed from patients but not from staff, it should be answered 'no.'*	24. ○ Yes ○ No ○ unable to determine
25. Was there adequate adjustment for confounding in the analyses from which the main findings were drawn?	*This question should be answered 'no' for trials if: the main conclusions of the study were based on analyses of treatment rather than intention to treat; the distribution of known confounders in the different treatment groups was not described; or the distribution of known confounders differed between the treatment groups but was not taken into account in the analyses. In non-randomized studies, if the effect of the main confounders was not investigated or confounding was demonstrated but no adjustment was made in the final analyses the question should be answered 'no.'*	25. ○ Yes ○ No ○ unable to determine
26. Were losses of patients to follow-up taken into account?	*If the numbers of patients lost to follow-up are not reported, the question should be answered 'unable to determine.' If the proportion lost to follow-up was too small to affect the main findings, the question should be answered 'yes.'*	26. ○ Yes

Power

Question	Description	Answer
27. Did they report a power calculation?		27. ○ Yes ○ No

28. **Comments**

Submit Form and go to or Skip to Next

○ No
○ unable to determine

Appendix D

Appendix D. Excluded Articles

Does not report weight change over 1 year

Arthritis as a potential barrier to physical activity among adults with diabetes--United States, 2005 and 2007. MMWR Morb Mortal Wkly Rep. 2008; 57: 486-9-

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Appendix E

Appendix E. Evidence Tables

Table 1. Characteristics of studies on populations with no specific diseases or conditions

Author, year Study Location	Years of recruitment	Single or Multicenter	Recruitment setting	Study Design	Inclusion criteria	Study's stated goal is weight maintenance	Control Active intervention
Bhargava, 2002[4] United States	1991-Not reported	Multicenter	Community/geographic Clinical	Randomized intervention	Female only Age: 50-79 Not greater than 165% of ideal weight as judged by the 1983 Metropolitan Life Insurance Weights tables for a medium frame Post-menopausal Representative of 1990 Census for recruitment area Include if consume >36% of energy from fat as reported in food frequency questionnaire No history of any cancer other than effectively treated non melanoma skin cancer or carcinoma in-situ of the cervix No history of stroke or coronary artery disease No history of disease that might make two-year survival questionable No use of physician-prescribed drugs to alter blood lipids, including > 1 g per day of niacin No history of insulin-dependent diabetes mellitus or uncontrolled hyperglycemia No evidence of unstable mental disease, alcoholism, or substance abuse; No likelihood of being unavailable for a significant portion of the 2-year follow-up period; Not eating > 10 meals a week not prepared at home; Not greater than 165% of ideal weight as judged by the 1983 Metropolitan Life Insurance Weights tables for a medium frame; Able to provide reliable dietary information during the pre-randomization period or did not completed 4 day food recall during pre-randomization period; Ability or willingness to sign the Informed Consent Form. Pass medical screening	No	Usual care Diet
Burke, 2003[5] Australia	Not Reported	Unclear	Community/geographic	Randomized intervention		No	Usual care Diet, Physical Activity (2 active arms)

Fortmann, 81[7] United States	1972	Multicenter	Community	Non-randomized intervention	-Age 35-59 years -Resident of Watsonville, Gilroy, or Tracey, CA -English or Spanish speaking	No Reduce CVD risk	Usual care Mass media & direct mail educational campaigns Small group instruction + mass media & direct mail educational campaigns
Fortmann, 81[7] United States	1972-1972	Multicenter	Community/geographic	Non-randomized intervention	Age: 35- 59 Language: English or Spanish	No	Usual care Diet, Physical Activity
French , 2011[6] United States	Not Reported	Multicenter	School Community/geographic Clinical	Randomized intervention	Age: >12 At least one child ages ≥5 years and two household members ages ≥12 years Residence in a private house or apartment within 20 miles of the university Household TV viewing weekly average of ≥10 h per person No household members with dietary, medical, psychological, or physical limitations that would prevent their participation in intervention activities Willingness to be randomized to active intervention or control group.	Yes	Usual care Self-management, Diet, Physical Activity
Howard, 2006[13] [1] United States	1993-1998	Multicenter	Community/geographic	Randomized intervention	Female only Age: 50-79 Post-menopausal Fat intake of at least 32% of daily total calories Expectation of being resident in the study recruitment area for at least 3 years following enrollment No competing risks (invasive cancer in the past 10 years; breast cancer at any time or suspicion of breast cancer at baseline screening; acute myocardial infarction, stroke, or transient ischemic attack in the previous 6 months; known chronic active hepatitis or severe cirrhosis) No safety concerns (blood counts indicative of disease; severe hypertension; or currently use of oral corticosteroids) No adherence or retention concerns (unwillingness or inability to complete baseline study requirements) Not found to have femoral neck bone mineral density of more than three standard deviations below the corresponding age-specific mean	No	Usual care Self-management, Diet

					No medical conditions predictive of a survival time of less than 3 years Not known to have conditions or characteristics inconsistent with study participation and adherence (alcoholism, drug dependency, mental illness, dementia) Not active participants in another randomized controlled clinical trial No special dietary requirements that were incompatible with the intervention program Not eating 10 or more main meals per week that were prepared outside the home Not unable to complete satisfactorily a 4-day food record No having been diagnosed with colon cancer, type I diabetes mellitus, or gastrointestinal conditions that contraindicated a high-fiber diet No history of having a bilateral prophylactic mastectomy (some inclusion criteria abstracted from [1])		
Lamb, 2002[14] Europe	Not Reported	Single	Clinical	Randomized intervention	Age: 40-70 include if take less than 120 minutes of moderate intensity exercise per week Include if no serious medical problem No recent history of an illness likely to interfere with the ability to walk one mile safely, including serious cardiac or respiratory diagnoses, lower limb fractures in the last year, blindness, rheumatoid arthritis, chronic neurological, terminal or significant mental illness. No doctor's restrictions on exercise.	No	Physical Activity (2 active arms)
Lombard, 2010{#7958}				Randomized intervention			
Levine, 2007[15] United States	Not Reported	Unclear	Work place Community/geographic	Randomized intervention		Yes	Usual care/printed materials Self-management, Diet, Physical Activity Self-management only
Muscari, 2010[17] Europe	2003	Single	Community/geographic	Randomized intervention	Age: >65 BMI: >18-32 Include if resident of Pianoro municipality (northern Italy) Include if Mini Mental State Examination (MMSE)score >24 Include if systolic blood pressure <180 or >110 mmHg Include if diastolic blood pressure <110 mmHg	No	Usual care (received educational materials about suggestions to improve lifestyle, including individualized self-administered programs to increase physical activity)

					Include if resting heart rate >60/min Include if hemoglobin >11 g/dl No malignancy; No moderate or severe respiratory insufficiency; No severe arthritis, No recent fractures, No palsy or relevant neuro-motor deficits; No use of beta-blockers, digitalis or other heart rate Limiting drugs. No Resting ECG with ischemic changes, frequent premature beats, II or III degree atrioventricular block, left bundle branch block, atrial fibrillation or other tachyarrhythmia, artificial pacemaker, echocardiographic demonstration of moderate or severe valvular stenosis or regurgitation, aortic root dilatation, hypertrophic cardiomyopathy non-secondary to hypertension, left ventricular ejection fraction <50%, abdominal ultrasound demonstration of aortic aneurism >3.5 cm. No previous cardiovascular diseases		Physical Activity
Petrella, 2003[18] Europe	1998	Multicenter	Clinical	Randomized intervention	Age: >65 Include if healthy, community dwelling Include if no formal participation in a regular exercise training program Include if agreed to obtain their usual medical care at the clinic from which the intervention was delivered for the duration of the study (which may have been different than recruitment clinic). No presence of unstable medical conditions that would preclude safe participation in regular exercise, including myocardial infarction or stroke in the past 6 months, No evidence of ischemia during baseline exercise testing, New York Heart Association class 2 to 4 congestive heart failure, severe chronic obstructive pulmonary disease, active treatment of cancer, uncontrolled diabetes mellitus, severe systemic or musculoskeletal disease, or major psychiatric disease Ability to walk on a treadmill without assistance Not currently living in a long-term care facility.	Yes	Given advice, list of facilities, all other interventions except STEP exercise test, Printed Materials Physical Activity
Schmitz, 2007[22] United States	2002-2003	Multicenter	Community/geographic	Randomized intervention	Female only Age: 25- 44 BMI: 25- 35 <10% change in body weight during past year Pre-menopausal Sedentary or only modestly physically active (<=3 weekly sessions of moderate aerobic physic activity)	Yes	Usual care Physical Activity

					Non-smoker Not participating in a weight-loss program No physician-diagnosed menstrual irregularities or significant gynecologic conditions No positive response on the Physical Activity Readiness Questionnaire No history of strength training in the past 6 months No medical conditions or medications that could limit participation in the exercise program or affect study measurements (including cholesterol-lowering medications, psychiatric medications at dosages known to alter weight, appetite suppressants) Not currently or recently pregnant Not currently or recently lactating No uncontrolled hypertension (systolic > 160 or diastolic > 99) No history of cancer within the past 5 years No plans to be out of town for >3 consecutive weeks during the study		
OBSERVATIONAL STUDIES							
Author, year **Study Location**	**Years of recruitment**	**Single or Multicenter**	**Recruitment setting**	**Study Design**	**Inclusion criteria**	**Study's stated goal is weight maintenance**	**Control** **Active intervention**
Adair, 2011{7284} US	1982-1984	Multicenter	Community/geographic	Longitudinal cohort study		Yes	Observational
Berry, 2010[1] Canada	2002	Multicenter	Community	Prospective longitudinal	-Age≥18 years -Living within Edmonton city limits -Did not move between 2002 & 2008 -Completed survey in 2002 & 2008	No Assess and monitor heath issues, health determinants, and risk factors	-Neighborhood walk-ability -Traffic
Gao, 2008[10] US	2000-2002	Multicenter		Longitudinal study	Aged 45-84years Free of any clinical cardiovascular disease and self-identified as white, black, Hispanic, or Chinese	Yes	Observational
Bes-Rastrollo, 2008[2] Spain	1999	Single center	Community/geographic	Prospective cohort	Not on extreme low or high values for total energy intake Not with diagnosis of CVD, Diabetes or Cancer at baseline Not pregnant Weight not >170kg	Yes	Observational
Vioque, 2007[23]	1994	Single center	Community/geographic	Cross-sectional	Alive during follow-up period Not pregnant	Yes	Observational

Spain							

BMI Body Mass Index
ECG Echocardiogram

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Table 2. Participant characteristics in studies not reporting on groups with specific diseases or conditions

Author, year	Total N	Follow-up period, months	% Women	Age	Race	Education	Smokers	Comments
Bhargava, 2002[4]	926	Maximum : 18-Not reported		Arm1: mean : 59.9 Arm2: mean : 60.1	white overall: % : 54 black overall: % : 28 Hispanic overall: % : 16	Education levels were coded into four categories that increased with the years of education (1-4). Value reported is mean of 0-4 category: Arm1: n : 2.91 Arm2: n : 2.98	Current smoker, overall: % : 9.3	Only 12 months of follow-up included in 23667. 2,208 women randomized according to Bowen study--only those with complete info at 6 and 12 months included in 23667--baseline here are for those with complete data (data for all randomized are in Bowen)
Burke, 2003[b]	137	Maximum : 12 months	Sex reported differently by group: 137 couples were recruited. i.e. 137 females and 137 males.	Age reported differently by group: The mean age was 28.6 years in women (range 18–62) and 31.4 years in men (range 20–61).			Smoking reported differently by group: "Smokers"--assume current	
Fortmann, 1981[8]	2151 Arm1: n: 659 Arm2: n: 659 Arm3: n: 833	36 months	Not reported	Arm1: mean: 46.9 Arm2: mean: 45.8 Arm3: mean: 48.4	Spanish speaking or bilingual: Arm1, %: 9.0 Arm2, %: 26.2 Arm3, %: 17.8	Not reported	Not reported	
French, 2011[9]	90 households	Median : 12- Maximum : 12	93 Sex reported differently by group: main responder of household	Median : 41	white overall: % : 79	College degree, overall: % : 63		90 households. Average household included 4 people (2 adults, 2 kids). Demographics are for main responder of the household.
Gerace, 1996[12]	438	Mean : 84 months Maximum : 84 months Minimum : 84 months	0	Overall: mean : 35.4	black overall: % : 12.8		Current smoker, overall: % : 21.9	Characteristics in 1984 (baseline)
Hemmingsson, 2009[13]	124	Mean : 18		Arm1: mean : 48.6 Arm2: mean : 47.8				

Howard, 2006[14]	48835	Mean : 90	100	mean : 62.3	white: Arm1: n : 23890 Arm2: n : 15869 black: Arm1: n : 3129 Arm2: n : 2137 Hispanic: Arm1: n : 1099 Arm2: n : 755 Asian/Pacific Islander: Arm1: n : 674 Arm2: n : 433 American Indian/Alaska Native: Arm1: n : 115 Arm2: n : 88 Unknown overall: Arm1: n : 387 Arm2: n : 259	less than High school,: Arm1: n : 1373 Arm2: n : 842 High school,: Arm1: n : 5093 Arm2: n : 3425 College degree,: Arm1: n : 7445 Arm2: n : 11042 School after high school: Arm1: n : 11597 Arm2: n : 7711	Current smoker,: Arm1: n : 1977 Arm2: n : 1273	History of diabetes: 1783 (Arm 1) vs. 1165 (Arm 2)
Lamb, 2002[15]	260	Maximum : 12	Arm1: 51.1 Arm2: 56.9 Arm3: 56.9 Arm4: 56.9	Arm1: mean : 50.2 Arm2: mean : 51.2				
Levine, 2007[16]	284	Maximum : 36	100	Overall: mean : 35.6	white overall: 86.8% White overall: Arm1: n : 78 % : 85.7 Arm2: n : 82 % : 85.4 Arm3: n : 84 % : 89.4 Black overall: Arm1: n : 13 % : 14.3 Arm2: n : 14	College degree, overall: % : 64.3	Current smoker, overall: Arm1: n : 5 % : 5.3 Arm2: n : 11 % : 11.8 Arm3: n : 8 % : 8.2	

					% : 14.6 Arm3: n : 10 % : 10.6 Race reported differently by group: Race defined without information about Hispanic ethnicity			
Lombard 2010								
Matvienko, 2001[17]	40	16- 4	100	Arm1: mean : 19.5 Arm2: mean : 19.3	white overall: n : 35 black overall: n : 2 Asian/Pacific Islander overall: n : 1 not ID themselves overall: n : 2	High school, overall: % : 100 freshman or sophomore overall: % : 100		
Muscari, 2010[19]	120	Maximum : 12 months	Overall: Arm1: 50 Arm2: 46.7 Arm3: 46.7 Arm4: 46.7	Arm1: mean : 69.6 Arm2: mean : 68.8		Years of education,: Arm1: median : 5 Arm2: median : 8	Former smoker, overall: % : 31.0 Never smoker, overall: % : 59.6 Smoking reported differently by group: From Bowen (n=over 2,000 women)	COPD, hypertension, hypercholesterolemia and statin treatment also reported
Petrella, 2003[20]	284	Maximum : 12	Arm1: 46% Arm2: 50% Arm3: 50% Arm4: 50%	Arm1: mean : 73 Arm2: mean : 74		less than High school,: Arm1: n : 42 % : 38 Arm2: n : 59 % : 45 High school,: Arm1: n : 68 % : 62 Arm2: n : 72 % : 54		They gave baseline characteristics for those who completed the study, not all randomized.

Schmitz, 2007[25]	164	Maximum : 24	100	Arm1: mean : 36 Arm2: mean : 36	white: Arm1: n : 50 Arm2: n : 48 black: Arm1: n : 22 Arm2: n : 24 Asian, native American, pacific islander overall: Arm1: n : 10 Arm2: n : 10	College degree,: Arm1: n : 65 Arm2: n : 73 Arm3:		
OBSERVATIONAL STUDIES								
Author, year	**Total N**	**Follow-up period, months**	**% Women**	**Age**	**Race**	**Education**	**Smokers**	**Comments**
Adair, 2011[1]	3055	Maximum: 276	100%	Overall: 27.1(6.0)	NR	NR	NR	
Berry, 2010{#8444}	500	72 months	Overall: women, n: 239 Overall, women, %: 47.8	Overall: age groups: 18-24, %: 4.4 25-34, %: 10.4 35-49, %: 28.0 50-64, %: 31.4 65+, %: 25.8	Not reported	Overall: ≤high school, %: 33% Overall: >high school, %: 67.0	Not reported	
Kimokoti, 2010{#8134}, Millen, 2006[18], Quatromoni, 2002[21]	1515	Maximum: 192	54%	Women: 48.7(9.20 Men: 48.5(9.0)	NR	NR	Women: 10.4% Men: 8.1%	
Coakley, 1997[7], Rajpathak, 2006[22]	19478	Maximum: 144	0%	Overall: 54.6	NR	NR	5.1%	
Gao, 2008[11]	6236	Maximum: 18	52.9	Overall: 62.8	White:2468 Chinese:790 African American:1620 Hispanic:1359	NR	Overall: 12.4 White:11.1 Chinese:5.4 African American:17.5 Hispanic:12.5	
Bes-Rastrollo, 2008[2]	9182	Mean: 52.8	Not eating out: 64.7%	Not eating out: 37.4(11.9)	NR	University education in years	Current smokers Not eating out:	

			Eating out 1 time per week: 58.9% Eating out 2 or more times per week: 47.6%	Eating out 1 time per week: 35.7(11.3) Eating out 2 or more times per week: 36.0(10.4)		Not eating out: 4.9(1.5) Eating out 1 time per week: 5.1(1.6) Eating out 2 or more times per week: 5.3(1.7)	22.8% Eating out 1 time per week: 24.8% Eating out 2 or more times per week: 24.3%	
Boggs, 2011[5]	41351	Maximum: 168	Overall: 100%	Overall age range:21-54	African American: 100%	NR	Vegetables/fruits Q1:21.7% Q3:15.5% Q5:11.8% Meat/fried foods Q1:8.8% Q3:15.8% Q5:23.3%	
Snijder, 2007[26]	1124	Maximum: 76.8	Quartile1:55.2% Quartile2:55.5% Quartile3:51.6% Quartile4:53.4%	Quartile1:60.2(6.4) Quartile2: 60.3(6.8) Quartile3:59.5(6.5) Quartile4:60.1(6.8)	White: 100%	NR	Quartile1:37.0% Quartile2: 29.2% Quartile3:33.5% Quartile4:22.4%	
Vioque, 2007[27]	206	Maximum:120	56.8%	41.52(17.9)	NR	% Secondary school or higher: 38.8%	Current smokers: 33.0%	
Schmitz, 2000{15283}, Friedman, 1988[10]	5116	Maximum: 120	2801 54.7%	Age18-24years 2286 (44.7) Age 25-30years 2830 (55.3)	Black: 2644 (51.7) White: 2412 (48.3)	Less than 12years of education 2034 (39.8) More than 12years of education 3082 (60.2)	NR	
Bes-Rastrollo, 2009[3]	116,671	Maximum: 96	100%	37 (5)	NR	NR	NR	
Romaguera, 2010[24], Riboli, 2002[23]	521,448	Median; 60	NR	Overall age range: 25-70years	NR	NR	NR	

COPD Chronic obstructive pulmonary disease

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Table 3. Description of observational exposures in studies among adults in the general population

Author year Study name* Mean duration of followup	Primary aim of original cohort	Self-management measures	Dietary measures	Physical activity measures
Studies reporting on more than 1 approach				
Mozaffarian 2011[14] Nurses' Health study Nurses' Health Study II Health Professionals' Follow-up Study Duration not reported	Prospective study of cancer and cardiovascular disease risk factors in married female nurses Prospective study of modifiable risk factors for health problems affecting younger women in female nurses Prospective study of nutritional factors and serious illnesses including cancer and cardiovascular disease in male health professionals	Daily hours of sleep, Television watching in hours per day	Fruits, Vegetables, Nuts, Whole-fat dairy foods, Low-fat dairy foods, Potato chips, Potatoes, Whole grains, Refined grains, 100% fruit juice, Sugar-sweetened beverages, Diet soda, Sweets and desserts, Processed meats, Unprocessed red meats, Trans fat, Fried foods, Quintiles of eating pattern	Metabolic equivalent of task (MET) hours per week, Quintiles of physical activity
Adair 2011[1] Cebu Longitudinal Health and Nutrition Survey Duration not reported	Prospective study of infant feeding patterns among Filipino women	None reported	Energy intake in kilojoules per day, Protein intake as a percent of energy	Occupational physical activity
Lewis 1997[12] Pereira 2005[16] Coronary Artery Risk Development in Young Adults Duration not reported	Prospective study of cardiovascular risk factors in young adults	None reported	Percent calories from fat[12], Fast food consumption per week[16]	Exercise duration in seconds from a treadmill test[12]
Studies reporting on a dietary approach				
Vioque 2008[2] Duration not reported	Followup study of responders to a cross-sectional health and nutrition survey in Valencia and Alicante, Spain	None reported	Fruits, Vegetables	None reported

Bes-Rastrollo 2009[3] Seguimiento Universidad de Navarra Duration 4.4 years	Prospective study of diet and chronic diseases, including obesity among graduates of a Spanish university	None reported	Eating away from home meals	None reported
Schulz 2005[20] European Prospective Investigation into Cancer and Nutrition Duration 4.4 years	Prospective study of nutrition and cancer in 10 European countries, Potsdam cohort	None reported	Quintiles of high-fiber/ low fat food pattern score	None reported
Purslow 2008[18] European Prospective Investigation into Cancer and Nutrition Duration 3.7 years	Prospective study of nutrition and cancer in 10 European countries, Norfolk cohort	None reported	Percent of daily energy intake consumed during breakfast	None reported
Gao 2008[7] Multi-Ethnic Study of Atherosclerosis Duration not reported	Prospective study of risk factors for cardiovascular disease	None reported	Healthy eating index z-score	None reported
Study reporting on a physical activity approach				
Lee 2010[10] Women's Health Study Duration 13.1 years	Trial of low dose aspirin and vitamin E to prevent cardiovascular disease and cancer in female health professionals	None reported	None reported	Metabolic equivalent of task (MET) hours per week

* Study name listed only if applicable

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Table 4. Description of interventions in studies among adults in the general population

Author, year **Study name*** **Duration of intervention**	**Primary Aim**	**Group 1**	**Group 2**
Diet interventions			
Bhargava 2002[4] Women's Health Trial Feasibility Study in Minority Populations (WHTFSMP) Duration 1 year†	Reduce energy intake from fat, especially saturated fat, to 20% of caloric intake. Increase consumption of fruits, vegetables and grains.	Maintained usual diet. Received information on nutrition guidelines.	18 group sessions with a dietician over 1 year. During the sessions, the participants performed role playing activities, provided support and reinforcement and solved problems.
Howard 2006[8] Women's Health Initiative (WHI) Duration 8 – 12 years†	Study the effect of a low-fat, high fruit, vegetable and grain diet on breast cancer, colorectal cancer and heart disease.	Received information on nutrition guidelines.	18 group sessions with a dietician during the first year. Four group sessions per year for remaining years. Sessions promoted dietary and behavioral changes to reduce total dietary fat to 20% of caloric intake, increase fruit and vegetable intake to 5 or more servings per day, increase grains, preferably whole grains, to 6 or more servings daily. Encouraged to maintain usual energy intake by replacing calories from fat with other sources, like carbohydrates.
Physical activity interventions			
Schmitz 2007 [19] Strong, Health and Empowered (SHE) Duration 2 years‡	Assess efficacy of twice weekly strength training to prevent increases in body fat percentage and intra-abdominal fat.	Maintained usual diet. Received information on physical activity guidelines, with a focus on starting a walking program.	Maintained usual diet. Received a 2 year membership to a fitness center. Twice weekly 1-hour group sessions with a fitness professional for the first 4 months. Group sessions every 3 months for the remaining 20 months. During sessions, participants taught how to stretch, warm up, cool down, abdominal and low back strengthening exercises and strength training using machines and free weights. Fitness trainers made reminder calls if participants missed a week of sessions. Fitness trainers were available by phone, email or at the gym. Other components included social gatherings, a study website, a monthly newsletter and free childcare for 2 hours per session.
Petrella 2003 [17] Step Test Exercise Prescription (STEP)	Compare the effect of an exercise prescription intervention on fitness.	Physician-provided exercise counseling at baseline 3, 6 and 12 months including examples and benefits of exercises.	Physician-provided exercise counseling at baseline 3, 6 and 12 months including examples and benefits of exercises. Physician administered a stepping test and recorded stepping time and heart rate at the visits.

Project Duration1 year			Patients received a target exercise heart rate based on the results of the step test.
Muscari 2010 [15] Pianoro Study Duration 1 year	Study physical activity and cardiovascular risk.	Educational materials to improve lifestyle including physical activity	Three hourly group sessions per week of endurance exercise training supervised by Exercise and Sports Sciences researchers.
Lamb 2002 [9] Duration 1 year	Study walking program on physical activity levels, physiological and behavioral consequences.	Single 30-minute group session with physiotherapist. The session included benefits of exercise, recommended levels of exercise for adults based on published guidelines, tips to start and maintain an exercise program. Participants were encouraged to take at least 120 minutes of moderate intensity activity per week using an activity enjoyable and convenient to them.	Same 30-minute session as Group 1. Participants were also provided with oral and written information on local walking programs. A local walking coordinator also called each person after the session to further explain the program and invite them to join. Group and individual walking programs were offered over the phone and in the mail. Up to three phone calls were made during year to encourage people to join the program. Family and friends were encouraged to participate in the walks.

Combination interventions	**Unit of intervention**	**Primary Aim**	**Group 1**	**Group 2**	**Group 3**
French 2011 [6] Take Action Duration 1 year	Household	Prevent weight gain over 1 year.	None	Household and individual interventions to decrease television viewing, increase physical activity to at least 30 minutes daily, decrease high calorie snacks and meals, limit sweetened beverages, increase availability of fruits and vegetables, serve smaller portions, limit fast food, and make healthy choices when eating out. Intervention was delivered by trained staff during a home visit, 6 group sessions, home activities and monthly newsletters. The group sessions included behavioral strategies (goal setting, self-monitoring, positive reinforcement), interactive activities 20-30 minutes of physical activity and a healthy snack. A scale for home weighing, a TV limiting device and telephone support calls were also used. Gift cards to a grocery store were provided for attending group sessions or completing home activities.	
Lombard 2010	School attended by	Prevent weight gain over 1 year.	Thirty minute information session and	Four one-hour group sessions over 1	

[13]	participant's child		brochure on diet and physical activity guidelines for Australia.	month on goal-setting, self-monitoring, social support, problem solving, training to prevent weight relapse, diet and physical activity. Pedometers distributed with goal of 10,000 steps per day. Individuals set their own goals. Text messages were sent by mobile phone once a month during months 2 through 11.	
Levine 2007 [11] Duration 2 years[§]	Individual	Efficacy of a clinic-based treatment and correspondence course to prevent weight gain.	Information session to describe control, clinic-based and correspondence interventions. Received a booklet with information about benefits of weight maintenance, low-fat eating and regular physical activity.	Information session to describe control, clinic-based and correspondence interventions. 15 group sessions with a nutritionist or behavioral interventionist over 2 years. Sessions focused on making dietary and activity changes and monitoring those changes. Lessons during sessions provided on cognitive change strategies, stimulus control techniques, problem solving, goal setting, stress, time management and relapse preventions. Directed to set activity and intake goals to decrease sedentary behavior and increase activity. Written materials on nutrition and physical activity were provided. Homework assignment to practice weight control strategies assigned at each sessions and due at next session. If weight gain of more than 2 pounds occurred over 2 consecutive weeks, given activity and calorie goals to help them return to their baseline weight.	Information session to describe control, clinic-based and correspondence interventions. Same information and homework assignments as group 2 except delivered by mail instead of group sessions.
Burke 2003 [5] Duration 4 months[‖]	Couples	Encourage adoption or maintenance of physical activity and a healthy diet.	None	One group sessions and five mailed modules aimed to increase moderate physical activity to at least 30 minutes most days, increase incidental activities (*i.e.,* taking stairs instead of elevator, walking instead of driving), eat low fat (no more than 10% of energy as saturated fat), high fiber (30g daily from grains, fruits and	Three group sessions and three mailed modules aimed to increase moderate physical activity to at least 30 minutes most days, increase incidental activities (*i.e.,* taking stairs instead of elevator, walking instead of driving), eat low fat (no more than 10% of energy as saturated fat), high fiber (30g daily from grains, fruits and

				vegetables), low sat foods and increase fruit and vegetable intake. Modules included information on benefits of exercise and nutrition, how to start an exercise program, injury prevention, types and sources of dietary fat, budgeting for healthy foods, choosing meals when eating out, overcoming barriers to change, costs and benefits of a healthy lifestyle, goat setting, time management, stress management, and exercise and diet information relevant to pregnancy. Alcohol consumption and cigarette smoking were mentioned but not focus of intervention.	vegetables), low sat foods and increase fruit and vegetable intake.
Fortmann, 1981[1]	Communities near Stanford, California	Prevent cardiovascular disease.	No intervention	-Mass media campaign on CVD risk factors that used TV, radio, newspaper, and billboards -Direct mailing of dietary educational information including pamphlets and cookbooks focused on reducing saturated fat, cholesterol, salt, sugar, and alcohol intake, and calorie restriction -Direct mailing of exercise educational information focused on increasing physical activity	-Mass media campaign on CVD risk factors that used TV, radio, newspaper, and billboards -Direct mailing of dietary educational information including pamphlets and cookbooks focused on reducing saturated fat, cholesterol, salt, sugar, and alcohol intake, and calorie restriction -Direct mailing of exercise educational information focused on increasing physical activity -10-week counseling program for participant +/- spouse delivered in small groups and individual home sessions focused on personal analysis of behavior, modeling new healthy behaviors, and skills building (high risk of cardiovascular disease group only).

* Study name listed only if applicable
[†]Neither study included additional followup after the intervention period.
[‡] Duration of followup after the intervention = 1 year
[§] Duration of followup after the intervention = 1 year
[‖] Duration of followup after the intervention = 8 months

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Table 5a. BMI outcomes in adults in the general population

Bibliography	Arm	Outcome defined	Baseline N	Baseline BMI, mean	N at 12 months	BMI, 12 months, mean	Change from BL	Final measure	N at final measure	BMI, final measure, mean	Change from BL	Test for trend	Variables adjusted for	Measure of association	Comment
Physical activity															
Schmitz, 2007[12]	1	BMI (kg/m2)	82	29.4 SD : 0.4	n : 67	0.85 se : 0.86		24	n : 63 check if this is the last time-point reported	mean : 2.32 se : 0.86		% change, not mean change p for change over time between groups p=0.74			The study also reported the following outcomes: body fat % Fat mass (kg) Lean mass (kg) Intra-abdominal fat (cm2) Subcutaneous fat (cm2)
	2		82	29.4 SD : 0.4	n : 71	1.07 se : 0.81			n : 70 check if this is the last reported time-point	mean : 1.92 se : 0.81					
Petrella, 2003[11]	1		110	27.9 SD : 1.1	n : 110 check if this is the last time-point reported	27.3 SD : 0.9						condition x time interaction p=0.39 for 3 groups. also no differences post-intervention and 1yr fup between 3 groups for condition x time p=0.57 Non-stat sig trend for women randomized to clinic to have			Intervention had no effect on weight over time.

												decrease in BMI during 2yr intervention compared to correspondence or control p=0.10			
	2		131	28.2 SD : 0.8	n : 131 check if this is the last reported time-point	26.1 SD : 1.2									
Lamb, 2002[7]	1	BMI (kg/m2)										This is ITT. They imputed last value carried forward for those missing BMI. As-treated analysis also provided (not abstracted).	Age Sex Other : baseline moderate physical activity, aerobic capacity		
	2		129	26.4 SD : 4.02	n : 93 check if this is the last reported time-point	26.3 SD : 3.97 mean change : -0.01								N=131	
	3		131	25.8 SD : 3.91	n : 95 check if this is the last reported time-point	25.8 SD : 3.94 mean change : -0.002								N=129 -0.009 (95%CI, -0.39 to 0.194) Comparison A1 and A3	
Muscari, 2010[10]	1	BMI (kg/m2)	60		n : 56							No value was reported in this			

					check if this is the last timepoint reported							article, the result section on page 1061 only states no significant changes were detected concerning BMI in either group.			
	2		60		n : 53 check if this is the last reported time-point										
Schmitz, 2007[12]	1	% BMI change from baseline			n : 67	0.85 SD : 0.86		24	n : 63 check if this is the last time-point reported	mean : 2.32 SD : 0.86			Other : Adjusted for ethnicity and physical activity at baseline, and for kilocalorie intake and marital status at baseline and 2 yrs	N (12 mo): 63 P=0.74 N (24 mo): 70 P= 0.74	
	2				n : 71	1.07 SD : 0.81			n : 70 check if this is the last reported time-point	mean : 1.92 SD : 0.81					
Petrella, 2003[11]	1	BMI change (define)	110	27.9 SD : 1.1	n : 110 check if this is the last time-point	27.3 SD : 0.9						Unclear if STEP 12 month outcome is correct. Number looks like -2.226.1	Other : not reported but says adjusted		7.4% reduction in BMI (p <0.05) observed in the STEP group compared to

					reported							7.4% reduction in BMI (p 0.05in table p<0.05 in text)were observed in the STEP group compared to the control group at 12 months from adjusted repeated measures analysis. Unclear what adjusted for.			the control group at 12 months from adjusted repeated measures analysis. Unclear what adjusted
	2		131	28.2 SD : 0.8	n : 131 check if this is the last reported time-point	26.1 SD : 1.2									
Combination interventions															
French, 2011*	1	BMI (kg/m2)	45 households	29.64	n : 44 HH	29.88						Means are adjusted for individual gender, smoking status, age, and HH configuration, income, education, and race of main HH adult contact person. BMI reported on individual level taking into account clustering within household.	Age Sex Race/ethnicity Baseline BMI Other : Smoking status, household configuration, income, education	BMI "intervention effect" se: 0.25 p = 0.48	BMI reported for adults only. don't know exact N. point estimate is
	2		45 households	28.81	n : 43 HH	28.78									

					check if this is the last reported time-point										
Levine, 2007[8]	1	BMI (kg/m2)	93	25.0 SD : 2.3								condition x time interaction p=0.39 for 3 groups. also no differences post-intervention and 1yr fup between 3 groups for condition x time p=0.57 Non-stat sig trend for women randomized to clinic to have decrease in BMI during 2yr intervention compared to correspondence or control p=0.10			Intervention had no effect on weight over time.
	2		97	25.1 SD : 2.3											
	3		94	25.1 SD : 2.4											
Howard, 2006[6]	1	BMI (kg/m2)	29164	29.1 SD : 5.9				90	24943	mean : 29.2 SD : 5.9 mean change : 0.3		There was a significant difference (p<0.001) in the BMI values for Arm 2 (n = 16230) from baseline to a mean follow-up of 90 months			The last reported time-point is a mean follow-up of 7.5 years

												For mean change (follow-up - baseline), there was a significant difference (p<0.001) between Arm 1 (n = 24943) and Arm 2 (n = 16230) All data were adjusted for energy intake			
	2		19457	29.1 SD : 5.9				108	16230	mean : 29.0 SD : 6.1 mean change : 0.03					
	3														
Burke, 2003[2]	1	BMI change (define)	43		n : 31 check if this is the last timepoint reported	Mean change : 0.4						At follow-up, BMI increased in all groups with a trend to a smaller increase in the high-level group, but these differences were not significant(P=.28). Changes in BMI also showed no significant between-group differences when men and women were considered separately. Baseline BMI only reported by sex within each category.			

												Adjusted for age, sex, accoutning for correlation within couples			
	2		47		n : 20 check if this is the last reported time-point	mean change : 0.5									
	3		47		n : 27 check if this is the last reported time-point	mean change : 0.2									
Berry, 2010[1]	1	Neighborhood walkability	2362	72	500										Estimate (SE), p: Lowest: 0.48 (0.29); p=0.10 Low: 0.25 (0.26); p=0.34 Mid: 0.15 (0.26); p=0.56 High: 0.30 (0.25); p=0.23 Highest: referent
	2	Traffic	2362	72	500										Estimate (SE), p: Traffic problem: 0.24 (0.08); p=0.002

Table 5b. Weight outcomes adults in the general population

Bibliography	Arm	Out-come	Baseline N	Baseline weight,	N at 12 months	Weight, 12	Change from	N at 24 months	Weight, 24	Change from	N at 60	Weight, 60	Change from	Final measure	N at final measure	Weight, final	Change from BL	Measure of

		defined		mean		months, mean	BL		months, mean	BL	mon ths	month s, mean	BL	, months		measure, mean		associati on
Diet interventi ons																		
Howard, 2006[6]	1	weight (kg)	2927 2	76.7 SD : 16.5		Mean change : 0			mean change : 0.5			mean change : 0.7		108	25056	mean SD : 10.1 mean change : -0.1		
	2		1952 4	76.8 SD : 16.6		mean change : -2.2			mean change : -1.3			mean change : -0.2		108	16297	SD : 10.1 mean change : -0.8		
Matvienk o, 2001[9]	1	kg	19	65.7 SD : 12.7										16	15			
	2		21	67.7 SD : 12.9										16	18	67.7 SD : 13.6		
Bhargava , 2002[1]	1	kg	351	76.2 SD : 12.5	n : 351 check if this is the last time-point reported	75.9 SD : 12.7												Looks at individual compone nts of dietary change as predictors of weight/we ight change N=351
	2		575	76.0 SD : 12.7	n : 575 check if this is the last reported	75.9 SD : 12.7												N=575

					time-point													
Physical activity																		
Schmitz, 2007[12]	1	Body mass (kg)	82	80.7 SD : 1.3	n : 67	0.88 se : 0.84		n : 63 check if this is the last time-point reported	2.42 se : 0.84									
	2		82	81.6 se : 1.3	n : 71	0.88 se : 0.84		n : 70 check if this is the last reported time-point	1.72 se : 0.79									
Schmitz, , 2007[12]	1	% Change in body mass (kg) from baseline			n : 67	0.88 SD : 0.84		n : 63 check if this is the last time-point reported	2.42 SD : 0.84									N=63 P=0.54
	2				n : 71	1.17 SD : 0.79		n : 70 check if this is the last reported time-point	1.72 SD : 0.79									N=70 P=0.54
Combination interventions																		
Fortmann, 81[3]		Relative weight was defined as actual weight divided																regression coefficient of average annual percentage change

		by ideal weight determined according to the mean of the weight-for-height ranges given in the Metropolitan Life Insurance Company Ideal Weight Table																in geometric mean N=363 P=0.06
																		N=385 P=0.07
Hemmingsson, 2009[5]	2	kg	60	84.6 SD : 9.7										18	54			
	3		60	84.7 SD : 9.9										18	45			
Hemmingsson, 2009[5]	1	Change is waist circumference	60	104.2 SD : 8.2											18	60	-2.6 CI_LL : -4.0 CI_UL : -1.2	
	2		60	103.4 SD : 7.3											18	60	-2.1 CI_LL : -3.4	

																	CI_UL : -0.8	
	1	weight in Kg	60	84.7 SD : 9.9											18	60	-0.3 range : -1.2 - 0.7	Change in weight: N=60 0.4 (95% CI: -1.2 to 0.7)
	2		60	84.6 SD : 9.7											18	60	-0.4 range : -1.6 - 0.7	Change in weight: N=60 0.3 (-1.6 to 0.7)
	1	Sagittal abdominal diameter	60	23.6 SD : 2.4											18	60	-1.1 CI_LL : -1.4 CI_UL : -0.8	
	2		60	23.3 SD : 2.1														
Levine, 2007[8]	1	inkg at 2 year and 3 year	93	67.5	n : 74	mean change : 0.8 (+- 5.8)		36	70	36	70	mean change : 0.7 (+- 4.8)						
	2		97	68.4				n : 71	mean change : -0.6 (+- 4.7)	n : 71	mean change : -0.6 (+- 4.7)				36	74	mean change : -0.1 (+- 4.7)	
	3		94	69.5				n : 65	mean change : 0.3 (+- 4.4)	n : 65	mean change : 0.3 (+- 4.4)				36	61	mean change : 1.3 (+- 5.4)	

Fortmann, 81[3]	1	regression coefficients of relative weight change: relative weight was defined as actual weight divided by ideal weight determined according to the mean of the weight-for-height ranges given in the Metropolitan Life Insurance Company Ideal Weight Table	365	1.23	n : 365	1.233		n : 365	1.236	n : 365	1.236				36	365	1.24	regression coefficient of average annual percentage change in geometric mean N=363 P=0.06
	2		363	1.21	n : 363	1.21		n : 363	1.21	n : 363	1.21				36	363	1.21	N=385 P=0.07
	3		385	1.19	n : 385	1.19		n : 385	1.195	n : 385	1.195				36	385	1.20	

Table 5b. Additional detail on weight outcomes among adults in the general population

Bibliography	Test for trend	Variables adjusted for	Comment
Diet interventions			
Weight			
Bhargava, 2002[1]	In the intervention group, there was a significant difference between baseline and 12 month weight measures (p<0.05). This effect was not observed in the control group.		For the control group, the results for models 1 and 2 showed that white women and women from better-off households were significantly lighter (P,0·05). The index of unhealthy eating was positively associated with weight, while the reported frequency of mild physical exercise was negatively associated. These results underscored the importance of behavioral factors such as craving for rich foods and physical exercise for body weight. In the intervention group, black women were heavier and white women were lighter than Hispanic women (P<0·05). The coefficient of education was statistically significant (P<0·05) in models 1 and 2, suggesting that highly educated women benefited more from the counseling. Since the coefficient of education was not statistically significant in the control group, awareness of the counseling program by itself was insufficient to induce behavioral changes leading to weight loss among the more educated women. The coefficients of the index of unhealthy eating and physical exercise patterns in models 1 and 2 were similar for the control and intervention groups and were statistically significant (P,0·05). However, only the intakes of monounsaturated fat were positively associated with weight in the intervention group.
Howard, 2006[6]	For body weight change, there was a significant difference (P≤0.001) between Arm 1 and Arm 2 at months 12, 24, 48, 72, 96, 120, 144, 168, 192 and 210		
Bhargava, 2002[1]	Coates reports 18 month results for weight loss		Results suggested that weight changes might be better explained by the changes in the proportions of energy derived from carbohydrate and saturated, monounsaturated and polyunsaturated fats. In the control group, the % energy derived from carbohydrate and monounsaturated fat was positively associated with weight changes. By contrast, the %

			energy derived from polyunsaturated fat was positively associated in the intervention group. There were also positive associations between energy derived from monounsaturated fat and weight changes in the control group. By contrast, a greater proportion of energy from polyunsaturated fat was associated with weight gain in the intervention group.
Physical activity interventions			
Weight			
Schmitz, 2007[12]	% change from baseline p for change over time between groups p=0.54 adjusted fro ethnicity and physical activity		
Weight change			
Schmitz, , 2007[12]		Other : Adjusted for ethnicity and physical activity at baseline, and for kilocalorie intake and marital status at baseline and 2 yrs	
Combination interventions			
Weight			
Fortmann, 81[3]			
Hemmingsson, 2009[5]	No place to put in 6 month or 18 month outcomes		
Weight change			
Levine, 2007[8]			
Fortmann, 81[3]	Relative weight increased in control group but was stable in the two intervention towns (p=0.04).		Participants in control group experienced average increase of 1% in relative weight, whereas the two intervention groups showed essentially no change in relative weight. Longitudinal correlation coefficients for individuals (not towns) provided for dietary cholesterol and fat by weight in Tables 4 and 5 of Fortmann.
Hemmingsson, 2009[5]	Waist circumference was measured by the research nurse at the point midway between the iliac crest and the lower rib (exhaled) with a		Both groups achieved similar reductions in waist circ after 6 months which were maintained at 18 months weight change not significant, p value not reported

	standard measuring tape.		Sagittal abdominal diameter was measured as the distance between the highest point of the abdomen and the non-flexible surface the subject was lying on. Both groups achieved similar reductions in SAD

Table 5c Waist circumference outcomes among adults in the general population

Bibliography	Arm	Outcome defined	Baseline N	Baseline Waist circumference, mean	N at 12 months	Waist circumference, 12 months, mean	Change from BL	Final measure, months	N at final measure	Waist circumference, final measure, mean	Change from BL	Measure of association	Test for trend	Variables adjusted for	Comment
Diet interventions															
Bhargava, 2002[1]	1	meters	351	mean : 0.86 SD : 0.11	n : 351 check if this is the last time-point reported	mean : 0.86 SD : 0.11						Reported separately for intervention and control. Looked at dietary components/ phys activity that predicted waist circumference change	In the intervention group, there was a significant difference between baseline and 12 month waist circumference (p<0.05). This effect was not observed in the control group.		In the control group, household incomes and physical exercise patterns were negatively associated with waist circumference whereas the index of unhealthy eating habits was positively associated (P,0·05). The intakes of carbohydrate and saturated fat were significant (P,0·05) and positively associated with waist circumference in both

															model 1 and 2. In the intervention group, education was negatively associated with waist circumference. The index of unhealthy eating habits and physical exercise patterns were significantly associated with waist circumference of the women in the intervention group. Moreover, while the carbohydrate and saturated fat intakes were not significant predictors, the intake of monounsaturated fat was a significant predictor.
	2														
Physical															

activity interventions															
Muscari, 2010[10]	1		60		check if this is the last time-point reported	60							No value was reported in this article, the result section on page 1061 only states no significant changes were detected concerning waist circumference in either group.		
	2		60		check if this is the last reported time-point	60									
Combination intervention															
Howard, 2006[6]	1		29216	mean : 89.0 SD : 13.7	29216	mean : 89.0 SD : 13.7			90	9517			At 90 months, the waist circumference was significantly different (p = 0.12) in Arm 1 (Control; n = 9517) versus Arm 2 (n = 6154).		The last-reported time point was a follow-up of 7.5 months

													The difference in mean change from baseline to 90 months was non-significant (p = 0.04) in Arm 1 (Control; n = 9157) versus Arm 2 (n = 6154)		
	2		19485	mean : 89.0 SD : 13.9	19485	mean : 89.0 SD : 13.9			90	6154	mean : 90.1 SD : 14.4 mean change : 1.6				
Burke, 2003[2]	1		43		n : 31 check if this is the last time-point reported	Mean change : 1.4							There were greater changes in the control and low-level groups, but between-group differences were not significant (P=.31 and P=.30, respectively). Baseline waist circumference reported by gender within group.		

													mean change adjusted for age, sex and accounted for correlation within couples		
	2		47		n : 20 check if this is the last reported time point	mean change : 1.4									
	3		47		n : 27 check if this is the last reported time point	mean change : 0.5									

Table 5d Adherence outcomes among adults in the general population

Bibliography	Arm	Outcome defined	Baseline N	Baseline Adherence, mean	Final measure	N at final measure	Adherence, final measure, mean	Change from BL	Measure of association	Between group differences	Variables adjusted for	Comment
Physical activity intervention												
Schmitz, 2007[12]		Percentage adherence to the protocol of twice-weekly strength training (Only for Arm 2)								For arm 2, mean adherence in year 2 was significantly lower than in year 1, with a P < 0.0001 75% adherence in year 1, 61% in year 2, over 71%		loss to fup 19% at 2 years. greater in non treatment (23.2%) compared to tx (14.6%).
Petrella, 2003[11]		compliance defined as number of exercise sessions at the prescribed training heart rate/total number of sessions possible over the time period at 3 or more sessions per week. defined as 80% of prescribed sessions recorded in the diary. Never give N							adherence to walks # patients with one or more events : 129			

		compliant, but say more improvement in vo2max with increasing compliance.										
									# patients with one or more events : 43			
Lamb, 2002[7]		In the health walks group, participants were encourage and invited to the health walks program. All patients had to go to advice session before randomized.										
Combination intervention												
French, 2011[4]		Adherence to at least 4 of 6 group sessions and half of the home activities. In intervention group only.							Adherence to at least 4 of 6 group sessions and half of the home activities. In intervention group only. N=45 % patients with one or more events : 76			20% had perfect attendance and home goal completion rates.
Levine, 2007[8]		The proportion of women completing the										Overall, 78% completed a weight

		study across the three intervention approaches										assessment at Year 1, 74% completed an assessment at Year 2, and 72% completed an assessment at Year 3.
		clinic group ADHERENCE: attendance at the group meetings										Overall, 78% completed a weight assessment at Year 1, 74% completed an assessment at Year 2, and 72% completed an assessment at Year 3.
		ARM 3 ADHERENCE: returning homework assignments with self-reported weight										On average, attendance at the group meetings was 50.3% across the 15 sessions.
Burke, 2003[2]	1	Adherence to physical activity.	43		12 mo	only total was reported n=78						
	2		47		12 mo							
	3		47		12 mo							
Burke, 2003[2]	1	Adherence to dietary interventions; nutrient intake	43		12 mo							
	2		47		12 mo							
	3		47		12 mo							
Burke, 2003[2]	1	Adherence to diet; fiber intake	43		12 mo							

	2		47		12 mo							
	3		47		12 mo							
Burke, 2003[2]	1	Adherence to diet; consumption of high fat foods.	43		12 mo							
	2		47		12 mo							
	3		47		12 mo							
Burke, 2003[2]	1	Adherence to diet; Fruit and vegetable consumption.	43		12 mo							
	2		47		12 mo							
	3		47		12 mo							

Table 5e Mortality outcomes in adults in the general population.

Bibliography	Arm	Outcome defined	Baseline N	Baseline Mortality, mean	Final measure	N at final measure	Mortality, final measure, mean	Change from BL	Measure of association			
Mortality												
Howard, 2006[6]		Number of individuals who passed away during the trial, post-randomization							# patients with one or more events : 1253			max follow-up 9 years Info on behavior change reported (phys act and dietary intake), but no direct measure of adherence to sessions.
									# patients with one or more events : 839			

Table 5f. Activity related injury in adults in the general population

Bibliography	Arm	Outcome defined	Baseline N	Baseline Activity-related injury , mean	Final measure	N at final measure	Activity-related injury , final measure, mean	Change from BL	Measure of association
Physical activity interventions									
Petrella, 2003[11]		"No serious adverse events were reported during the trial"							

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Table 6 Characteristics of studies on populations in work setting

Author, Year Study Location	Years of recruitment	Single or Multicenter	Recruitment setting	Study Design	Inclusion criteria	Study's stated goal is weight maintenance	Control Active interventions
Goetzel, 2009{#41658} Goetzel, 2010[1] United States	2006	Multicenter	Work place	Non-randomized intervention	-Not pregnant -Participated in concurrent annual health risk assessments	Yes Reduce overweight and obesity	Usual care Usual care Environmental changes
Kwak, 2010[2] Europe	2003-2004	Multicenter	Work place	Non-randomized intervention	-Worksite with ≥100 employees -Worksite with canteen facilities -Age: <40 years -BMI: >18.0 kg/m^2 -No medical restrictions regarding diet or physical activity	Yes Prevent weight gain	No intervention Self-management Environmental changes
Lemon, 2010[3] United States	2005	Multicenter	Work place	Randomized intervention	-Age:18-65 years -Able to understand and communicate in English or Spanish -Not planning on leaving employment in next 2 years -Working at least 20 hours per week -Not working in more than one of the participating hospitals -No impediment to being weighed and measured -Not pregnant -Did not drop out after 6-month washout period -Still eligible after 6-month washout period	Yes Prevent weight gain	No intervention Diet and exercise education Environmental changes
Robbins, 2006[4] United States	2002	Multicenter	Workplace (Military)	Non-randomized intervention	-BMI: 24-29.9 kg/m^2	Yes Prevent weight gain	Usual care Self-management Diet and exercise education

BMI Body Mass Index

References

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Table 7. Participant characteristics in studies reporting on groups in work settings

Author, Year	Total N Study arms N	Follow-up period	% Women	Age	Race	Education	Smokers
Goetzel 2009 Goetzel, 2010[1]	3,152 Arm1: n: 634 Arm2: n: 2,518	12 months 24 months	Arm1: women, %: 27.1 Arm2: women, %: 26.7	Arm1: mean: 45.8 Arm2: mean: 43.8 *Age reported differently by group: p<0.0001	White, Arm1: %: 83.6 Arm2: %: 75.0 Hispanic, Arm1: %: 1.4 Arm2: %: 11.7 Black, Arm1: %: 9.9 Arm2: %: 9.4 Asian, Arm1: %: 4.3 Arm2: %: 3.4 American Indian/Alaska Native, Arm1: %: 0.8 Arm2: %: 0.2 *Race reported differently by group: p<0.0001	<Bachelor degree, Arm1: %: 8.5 Arm2: %: 28.1 Bachelor degree, Arm1: %: 27.0 Arm2: %: 35.7 Post-graduate degree, Arm1: %: 15.5 Arm2: %: 11.5 Not indicated, Arm1: %: 49.1 Arm2: %: 24.7 *Education reported differently by group: p<0.0001	Not reported
Kwak, 2010[2]	553 Arm1: n: 188 Arm2: n: 365	12 months 24 months	Arm1: women, %: 48.2 Arm2: women, %: 50.7	Arm1: mean: 35.0 Arm2: mean: 38.9 *Age reported differently by group: p<0.01	Not reported	High school or less, Arm1: %: 19.3 Arm2: %: 15.7 Some college/ vocational training, Arm1: %: 29.2 Arm2: %: 34.7 University, Arm1: %: 51.6 Arm2: %: 49.6	Current smoker, Arm1: %: 17.3 Arm2: %: 16.0
Lemon, 2010[3]	806 Arm1: n: 420 Arm2: n: 386	12 months 24 months	Overall: women, %: 81 Arm1: women, %: 84.2 Arm2: women, %: 78.3	Overall: age groups: 18-40: 35.2% 41-50: 33.4% >=51: 31.4%	Overall: white, %: 88.8 Overall: black, %: 4.7 Overall: Hispanic, %: 5.3 Overall: Asian/Other,	Overall: ≤high school, %: 13.0 Overall: 1-3 years post high school, %: 46.3 Overall: college degree, %: 26.6 Overall: graduate degree, %:	Not reported

			*Sex reported differently by group: p<0.0001		%: 1.4	14.1 Arm1: ≤high school, %: 15.6 Arm2: ≤high school, %: 10.8 Arm1: 1-3 years post high school, %: 47.4 Arm2l: 1-3 years post high school, %: 45.5 Arm1: college degree, %: 27.5 Arm2: college degree, %: 25.8 Arm1: graduate degree, %: 9.5 Arm2: graduate degree, %: 17.9 *Education reported differently by group: p=0.04	
Robbins, 2006[4]	68,591 Arm1: n: 65,089 Arm2: n: 3,502	Arm1: mean: 367.4 days Arm2: mean: 374.4 days *Follow up reported differently by group: p<0.0001	Arm1: women, %: 13 Arm2: women, %: 11 *Sex reported differently by group: p<0.0001	Arm1: mean: 30.4 Arm2: mean: 31.9 *Age reported differently by group: p<0.0001	Not reported	Not reported	Current smoker, Arm1: %: 24 Arm2: %: 20 *Smoking reported differently by group: p<0.0001

References

1. Goetzel RZ, Roemer EC, Pei X *et al.* Second-year results of an obesity prevention program at the Dow Chemical Company. Journal of Occupational and Environmental Medicine / American College of Occupational and Environmental Medicine 2010; 52(3):291-302.
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Table 8. Description of interventions in studies on populations in work settings

Author, Year	Duration of Intervention	Control	Active intervention, Self-management	Active intervention, Diet	Active intervention, Physical Activity	Active Intervention, Environment
Goestzel, 2009 Goetzel, 2010[1]	24 months	Usual care with individually-focused health promotion programs	N/A	-Usual care for individual dietary counseling	-Usual care physical activity programs	-Environmental changes to support an increase in employees' physical activity, improve their eating habits, and manage their weight through environmental prompts and point-of-choice messaging -Key personnel recruited to set worksite health goals and train worksite leaders on health promotion
Kwak, 2010[2]	12 months	No intervention	-Receipt of In Balance box with pedometer, measuring tape, calorie guide, and instructions for food and exercise diaries -Access to In Balance website including Weight Coach instrument that provides personalized advice to maintain weight -CD-ROM based training including education on energy balance behaviors, skills training, goal setting -Self monitoring	N/A	N/A	-Key worksite personnel selected and implemented different environmental interventions at each site such as changing food products available at the cafeteria, workshops, signs promoting healthy eating and physical activity, forming lunchtime walking or cycling groups
Lemon, 2010[3]	24 months	Usual care/no intervention	N/A	-Weekly displays on nutrition education -Weekly newsletter via email that included education on a healthy weight topic, a recipe, and quick tip	-Weekly displays on exercise education -Monthly strength training workshop where individuals were given a simple routine and a resistance band	-Promotional signs to encourage healthy eating included nutritional information for food and beverages in the cafeteria, new healthy menu options, special cafeteria events, onsite farmer's market, healthy potlucks -Promotional signs to encourage physical activity included stairway signs, indoor and outdoor walking routes, and walking groups -Periodic campaigns and challenges targeting physical activity, healthy eating, and weight with group and individual prizes
Robbins, 2006[4]	12 months	Usual care	-Completion of personal energy plan workbooks	-Email on healthy eating habits every other week	-Email on physical activity every other week	N/A

References

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2. Kwak L, Kremers SP, Candel MJ, Visscher TL, Brug J, van Baak MA. Changes in skinfold thickness and waist circumference after 12 and 24 months resulting from the NHF-NRG In Balance-project. Int J Behav Nutr Phys Act 2010; 7:26.
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4. Robbins AS, Chao SY, Baumgartner N, Runyan CN, Oordt MS, Fonseca VP. A low-intensity intervention to prevent annual weight gain in active duty Air Force members. Mil Med 2006; 171(6):556-61

Table 9a. BMI outcome in studies in a work setting

Bibliography	Arm	Outcome defined	Baseline N	Baseline BMI, mean	N at 12 months	BMI, 12 months, mean	Change from BL	N at 24 months	BMI, 24 months, mean	Change from BL	Measure of association	Variables adjusted for		Subgroup Analyses	Comment
Combination interventions															
Goetzel, 2009 Goetzel, 2010[1]	1	kg/m2			633	28.7	Mean Δ: 0.3	382	28.2	Mean Δ: 0.2		Propensity score adjustment (age, gender, ethnicity, wage status, work status, education, and health risk status)	Subgroup analysis at 24 months with the following groups: arm 1 control; arm 2 moderate intensity environmental intervention; and arm 3 high intensity environmental intervention. N; baseline bmi, 24M bmi: change, p: Arm1: 382; 28.0, 28.2; 0.2, 0.0045 Arm2: 213; 28.3, 28.3; 0.0, 0.8326 Arm3: 926; 28.2, 28.2; 0.0,	12-month group difference in BMI change: -0.2 (p=0.0006) 24-month group difference in BMI change: -0.3 (p=0.0027) The 1- and 2-year results only use data from participants who completed both the baseline and follow up assessments; therefore, the N and BMI at baseline are different for these two studies. Intervention group contains both moderate and high intensity groups.	

													0.5604 DID Arm 2 v Arm 1: BMI: -0.3; p=0.0341 DID Arm 3 v Arm 1: BMI: -0.2; p=0.0075		
	2	kg/m2			2486	28.8	Mean Δ: 0.1	1139	28.2	Mean Δ: -0.1					
Kwak, 2010[2]	1	kg/m2	188	24.2 SD: 3.1	164		Mean Δ: (-0.04) SD: 0.8	145		Mean Δ: 0.03 SD: 1.0		Adjusted for baseline age, gender, BMI, marital status, education, and smoking status.	N/A	No significant differences between control and intervention using multilevel linear regression.	
	2	kg/m2	365	25.7 SD: 4.0	294		Mean Δ: (-0.23) SD: 1.2	255		Mean Δ: (-0.11) SD: 1.4					

Lemon, 2010[3]	1	kg/m2	420	29.0	387	29.1		349	29.4			Adjusted for education, job category, shift, and hours worked per week and weighted to represent the hospital workforce population.		12-month group difference in BMI change: 0.272 (95%CI -0.271-0.816; p=0.33) 24-month group difference in BMI change: 0.276 (95%CI -0.338-0.890; p=0.38)	
	2	kg/m2	386	28.4	344	28.7		299	28.9						

Table 9b. Weight outcome in studies in a work setting, combination interventions

Bibliography	Arm	Outcome defined	Baseline N	Baseline weight, mean	N at 12 months	Weight, 12 months, mean	Change from BL	N at 24 months	Weight, 24 months, mean	Change from BL	Measure of association	Variables adjusted for	Subgroup Analyses	Comment
Combination interventions														
Goetzel 2009 Goetzel, 2010[1]	1	lbs			633	193.2	Mean Δ: 1.4	382	189.2	Mean Δ: 1.3		Propensity score adjustment (age, gender, ethnicity, wage status, work status, education, and health risk status)	Subgroup analysis at 24 months with the following groups: arm 1 control; arm 2 moderate intensity environmental intervention; and arm 3 high intensity environmental intervention.	12-month group difference in BMI change: -1.5 (p=0.0007) 24-month group difference in BMI change: -1.6 (p=0.0050) The 1- and 2-year results only use data from participants who completed both the baseline and follow up assessments;

													N; baseline wt, 24M wt; change, p: Arm1: 382; 188.0, 189.8; 1.3, 0.0071 Arm2: 213; 187.9, 187.9; 0.0, 0.9827 Arm3: 926; 188.9, 188.7; -0.2; 0.6399 DID Arm 2 v Arm 1: Wt: -2.1; p=0.0333 DID Arm 3 v Arm 1: Wt: -1.5; p=0.0148	therefore, the N and weight at baseline are different for these two studies. Intervention group contains both moderate and high intensity groups.
	2	lbs			2486	193.6	Mean Δ: (-0.1)	1139	189.0	Mean Δ: (-0.3)				
Kwak, 2010[z]	1	kg	188		165		Mean Δ: (-0.13) SD: 2.29	146		Mean Δ: 0.08 SD: 3.16		Adjusted for baseline age, gender, BMI, marital status, education, and smoking status.	N/A	No significant differences between control and intervention using multilevel linear regression.
	2	kg	365		295		Mean Δ: (-0.64) SD: 3.32	256		Mean Δ: (-0.29) SD: 4.25				
Robbins, 2006[a]	1	lbs	65,089	+ 10.3 lbs								Control groups unadjusted results; while intervention groups adjusted for age, rank, smoking	Subgroup analysis stratified by sex. N, Control mean wt change; intervention mean wt	12-month results only in subgroups (senior rank men, all other men, women). No baseline characteristics reported by these groups.

												status, and proximity	change, difference, p for difference Women: 8771; 0.8; (-0.2); (-1.0), 0.031 Male senior airmen: 7518; 0.6; (-0.7); (-1.3); 0.016 All other men: 52,302; 2.5; 2.8; 0.3; NS	
	2	lbs	3,502	+ 11.7 lbs										

Table 9c. Waist circumference outcome in studies in a work setting

Bibliography	Arm	Outcome defined	Baseline N	Baseline Waist circumference, mean	N at 12 months	Waist circumference, 12 months, mean	Change from BL	N at 24 months	Waist circumference, 24 months, mean	Change from BL	Measure of association	Test for trend	Variables adjusted for	Comment
Combination intervention														
Kwak, 2010[2]	1	cm	188		164		Mean Δ: 0.3 SD: 3.3	145		Mean Δ: 1.0 SD: 3.4		N/A	Adjusted for baseline age, gender, BMI, marital status, education, and smoking status.	12-month mean between group change -1.5 cm (95%CI -2.35-(-0.65)); p<0.001 24-month mean between group change -1.3 cm (95%CI -2.18-(-0.42)); p=0.005
	2	cm	365		295		Mean Δ: (-1.2) SD: 4.9	256		Mean Δ: (-0.5) SD: 5.6				

Table 9d. Adherence in studies in a work setting, combination interventions

Bibliography	Arm	Outcome defined	Baseline N	Baseline Adherence, mean	Final measure	N at final measure	Adherence, final measure, mean	Change from BL	Measure of association
Work-based combination interventions									
Goetzel, 2009 Goetzel, 2010[1]		None							
Kwak, 2010[2]		None							
Lemon, 2010[3]	1	Participation score	420		24 months	249			
	2		386			299	Mean: 18.1 Median: 16 Range: 9-26 SE: 0.86		
Robbins, 2006[4]		None							

BMI Body Mass Index
DID Difference between differences
N/A Not Applicable

References

1. Goetzel RZ, Roemer EC, Pei X *et al*. Second-year results of an obesity prevention program at the Dow Chemical Company. Journal of Occupational and Environmental Medicine / American College of Occupational and Environmental Medicine 2010; 52(3):291-302.
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3. Lemon SC, Zapka J, Li W *et al*. Step ahead: A worksite obesity prevention trial among hospital employees. American Journal of Preventive Medicine 2010; 38(1):27-38.
4. Robbins AS, Chao SY, Baumgartner N, Runyan CN, Oordt MS, Fonseca VP. A low-intensity intervention to prevent annual weight gain in active duty Air Force members. Mil Med 2006; 171(6):556-61

Table 10. Characteristics of studies on populations in a college settings

Author, Year Study Location	Years of recruitment	Single or Multicenter	Recruitment setting	Study Design	Inclusion criteria	Study's stated goal is weight maintenance	Control Active interventions
Hivert, 2007[1,2] Canada	2002-2003	Single	School	Randomized intervention	-BMI: 18-30 kg/m^2 -Full-time, first- or second-year student -Left parental home for <2 years -No medical conditions -No regular use of any medication except oral contraceptives -Not pregnant or not planning a pregnancy during the 2 years of the study	Yes Prevent weight gain	No intervention Self-management Diet and exercise education
Lombard, 2010[3] Australia	2006	Multicenter	School	Randomized intervention	-Women with a child attending one of the primary schools (children aged 5-12) -Not pregnant -Not breastfeeding infants (<6 months of age) -Not taking prescribed weight control medications -Did not wish to gain weight -No serious physical or psychological condition -Not underweight	Yes Prevent weight gain	Single lecture on diet and exercise Self-management Diet and exercise education
Matavienko, 2001[4] United States	1997	Single	School	Randomized intervention	-Freshman or sophomore student -Age: 18-26 years -No previous nutrition class	Yes Prevent weight gain	No intervention Diet and exercise education

BMI Body Mass Index

References

Comment [rfw1]: MEG: pick one of these HIVERT refs and only use it when you scan—do this throughtout this section

1. Hivert MF, Langlois MF, Berard P, Cuerrier JP, Carpentier AC. Prevention of weight gain in young adults through a seminar-based intervention program. Int J Obes (Lond) 2007; 31(8):1262-9.
2. Hivert MF, Langlois MF, B+_rard P, Cuerrier JP, Carpentier AC. Prevention of weight gain in young adults through a seminar-based intervention program. International Journal of Obesity 2007; 31(8):1262-9.
3. Lombard C, Deeks A, Jolley D, Ball K, Teede H. A low intensity, community based lifestyle programme to prevent weight gain in women with young children: cluster randomised controlled trial. BMJ 2010; 341:c3215.
4. Matvienko O, Lewis DS, Schafer E. A college nutrition science course as an intervention to prevent weight gain in female college freshmen. J Nutr Educ 2001; 33(2):95-101

Table 11. Participant characteristics in studies reporting on groups in a college settings

Author, Year	Total N Study arms N	Follow-up period	% Women	Age	Race	Education	Smokers
Hivert, 2007[1]	115 Arm1: n: 57 Arm2: n: 58	24 months	Arm1: women, n : 47 Arm2: women, n : 47	Arm1: mean : 19.5 Arm2: mean : 19.9	Arm1: White, % : 93 Arm2: White, % : 93	Not reported	Not reported
Lombard, 2010[2]	250 Arm1: n: 127 Arm2: n: 123	12 months	Overall: women, %: 100	Overall: mean: 40.39 Arm1: mean : 40.26 Arm2: mean : 40.56	Overall: Overseas born, %: 26	<High school, Arm1: n : 36; % : 30.25 Arm2: n : 25; % : 21.00 High school, Arm1: n : 26; % : 21.84 Arm2: n : 25; % : 21.00 College degree, Arm1: n : 33; % : 27.73 Arm2: n : 36; % : 30.25 Trade or certificate, Arm1: n : 24; % : 20.16 Arm2: n : 33; % : 27.73	Not reported
Matavienko, 2001[3]	40 Arm1: n: 19 Arm2: n: 21	16 months	Overall: women, %: 100	Arm 1: mean: 19.5 Arm 2: mean: 19.3	Overall: White, n: 35 Overall: Black, n: 2 Overall: Asian/PI, n: 1 Overall: No ID, n: 2	Not reported	Not reported

References

1. Hivert MF, Langlois MF, B+_rard P, Cuerrier JP, Carpentier AC. Prevention of weight gain in young adults through a seminar-based intervention program. International Journal of Obesity 2007; 31(8):1262-9.
2. Lombard C, Deeks A, Jolley D, Ball K, Teede H. A low intensity, community based lifestyle programme to prevent weight gain in women with young children: cluster randomised controlled trial. BMJ 2010; 341:c3215.
3. Matvienko O, Lewis DS, Schafer E. A college nutrition science course as an intervention to prevent weight gain in female college freshmen. J Nutr Educ 2001; 33(2):95-101

Table 12. Description of interventions in studies on populations in a college settings

Author, Year	Duration of Intervention	Control	Active intervention, Self-management	Active intervention, Diet	Active intervention, Physical Activity	Active Intervention, Environment
Hivert, 2007[1]	24 months	No intervention	Small group sessions focused on: -Increasing knowledge on weight gain -Problem solving -Goal setting -Monitoring strategies	Small group sessions focused on: -Increasing knowledge on national recommendations on diet	Small group sessions focused on: -Increasing knowledge on national recommendations on exercise	N/A
Lombard, 2010[2]	12 months	Single lecture on national guidelines for diet and exercise along with brochure and pedometer	Group sessions focused on: -Goal setting -Self monitoring -Social support -Problem solving -Training to prevent relapse -Personal action plans -Mobile phone text messages	Group sessions focused on: -Nutrition education -Mobile phone text messages	Group sessions focused on: -Exercise education -Pedometers given with goal of 8000-10,000 steps per day -Encouraged to join walking group -Mobile phone text messages	N/A
Matvienko 2001[3]	4 months	No intervention	N/A	College course focused on: -Lectures to increase knowledge of nutrition science including physiology and metabolism -Laboratory exercises including body composition measurements, serving sizes, food sensory exercises, and food preparation methods	College course focused on: -Lectures to increase knowledge of exercise science including physiology and metabolism	N/A

References

1. Hivert MF, Langlois MF, B+_rard P, Cuerrier JP, Carpentier AC. Prevention of weight gain in young adults through a seminar-based intervention program. International Journal of Obesity 2007; 31(8):1262-9.
2. Lombard C, Deeks A, Jolley D, Ball K, Teede H. A low intensity, community based lifestyle programme to prevent weight gain in women with young children: cluster randomised controlled trial. BMJ 2010; 341:c3215.
3. Matvienko O, Lewis DS, Schafer E. A college nutrition science course as an intervention prevent weight gain in female college freshmen. J Nutr Educ 2001; 33(2):95-101.

Table 13a. BMI outcomes in studies in college-settings, combination interventions

Combi-nation inter-ventions	Arm	Outcome defined	Baseline N	Baseline BMI, mean	N at 12 months	BMI, 12 months, mean	Change from BL	N at 24 months	BMI, 24 months, mean	Change from BL	Final meas-ure	N at final mea-sure	BMI, final mea-sure, mean	Change from BL	Mea-sure of asso-ciation	Vari-ables adjusted for	Sub-group Analyses	Comment
Hivert, 2007[1]	1	kg/m2	57	22.4 SEM: 0.3	54		Mean Δ: 0.4 SEM: 0.2	48		Mean Δ: 0.2 SEM: 0.2							N/A	Repeat measures ANOVA p-value for group effect 0.01.
	2	kg/m2	58	22.4 SEM: 0.4	51		Mean Δ: (-0.1) SEM: 0.1	48		Mean Δ: (-0.3) SEM: 0.2								
Matvienko, 2001[3]	1	kg/m2	19	23.7 SD: 4.6							16 months	15	25.2 SD: 6.5				Subgroup analysis among desirable BMI (≤24 kg/m^2) and higher BMI (>24 kg/m^2). No significant differences between intervention and controls within the desirable BMI group. There was a significant difference between controls (arm 1) and intervention (arm 2)	No significant differences between control and intervention using repeated measures ANOVA.

																	within the higher BMI group. N; baseline bmi, baseline bmi SD;16-month bmi, 16-month bmi SD: Arm 1: 6, 29.3, 5.4; 32.5, 6.1 Arm 2: 11; 27.5, 5.3; 26.9, 5.8 DID p-value<0.05.	
	2	kg/m2	21	24.6 SD: 4.7							16 mont hs	18	24.5 SD: 4.8					

Table 13b. Weight outcomes in studies in college-settings, combination interventions

Combination interventions	Arm	Out-come de-fined	Base-line N	Base-line weight, mean	N at 12 months	Weight, 12 months, mean	Change from BL	N at 24 months	Weight, 24 months, mean	Change from BL	Final mea-sure, months	N at final mea-sure	Weight, final mea-sure, mean	Change from BL	Mea-sure of asso-ciation	Variables adjusted for	Subgroup Analyses	Comment
Hivert, 2007[1]	1	kg	57	63.5 SEM: 1.3	54		Mean Δ: 1.2 SEM: 0.5	48		Mean Δ: 0.7 SEM: 0.6								Repeated measures ANOVA p-value for group effect 0.04.
	2	kg	58	62.9 SEM: 1.4	51		Mean Δ: (-0.2) SEM: 0.4	48		Mean Δ: (-0.6) SEM: 0.5								
Lombard, 2010[2]	1	kg	123	74.6 Range: 44.6-129.6 SD: 16.1	106	75.5 SD: 15.2	Mean Δ: 0.83 95%CI: 0.12-1.54									Adjusted for school cluster and baseline scores including age, weight, income, and education.		Between group mean Δ: (-1.13 kg); 95%CI: (-2.17-(-0.24)); p<0.05 Only women who completed both baseline and follow up were included in the regression model to examine differences between

																		the two groups.
	2	kg	127	73.2 Range: 46.3-115.6 SD: 13.8	109	72.1 SD: 13.6	Mean Δ: (-0.20) 95%CI: -0.90-0.49											
Matvienko, 2001[3]	1	kg	19	65.7 SD: 12.7							16 months	15	68.9 SD: 18.4				Subgroup analysis among desirable BMI (≤24 kg/m^2) and higher BMI (>24 kg/m^2). No significant differences between intervention and controls within the desirable BMI group. There was a significant difference between controls (arm 1) and intervention (arm 2) within the higher BMI group. N; baseline wt, baseline wt SD;16-month wt, 16-month wt SD: Arm 1: 6,	No significant differences between control and intervention using repeated measures ANOVA.

																	80.5, 15.3; 89.7, 17.9 Arm 2: 11; 75.4, 12.1; 74.0, 14.3 DID p-value=0.025.	
	2	kg	21	67.7 SD: 12.9							16 months	18	67.7 SD: 13.6					

Table 13c. Waist circumference outcomes in studies in college-settings, combination interventions

Bibliography	Arm	Outcome defined	Baseline N	Baseline Waist circumference, mean	N at 12 months	Waist circum-ference, 12 months, mean	Change from BL	N at 24 months	Waist circumference, 24 months, mean	Change from BL	Measure of association	Test for trend	Variables adjusted for	Comment
Combination interventions														
Hivert, 2007[1]	1	cm	57	72 SEM: 1	54		Mean Δ: 0 SEM: 0	48		Mean Δ: 0 SEM: 1				Repeated measures ANOVA p for group effect 0.11.
	2	cm	58	72 SEM: 1	51		Mean Δ: (-1) SEM: 0	48		Mean Δ: (-1) SEM: 1				
Lombard, 2010[2]	1	cm	123	96.8 SD: 14.6	106	97.1 SD: 14.9	Mean Δ: 0.12 95%CI: -0.96-1.20					Adjusted for school cluster and baseline scores including age, weight, income, and education.	Between group mean Δ: (-1.51 cm); 95%CI: -4.00-0.97; p>0.05 Only women who completed both baseline and follow up were included in the regression model to examine differences between the two groups.	Adjusted for school cluster and baseline scores including age, weight, income, and education.
	2	cm	127	94.8 SD: 12.6	108	92.4 SD: 13.9	Mean Δ: -1.30 95%CI: -2.4-(-							

							0.15)							

Table 13d. Adherence in studies in college-settings

Bibliography	Arm	Outcome defined	Baseline N	Baseline Adherence, mean	Final measure	N at final measure	Adherence, final measure, mean	Change from BL	Measure of association
Combination interventions									
Hivert, 2007[1]	1	Attended at least 60% of the seminars	57	N/A					
	2		58	12-month n: 31 % of baseline: 53%	24 months	48	24-month n: 15 % of baseline: 26%		
Lombard, 2010[2]		None							
Matvienko, 2001[3]		None							

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Table 14. Characteristics of studies on populations with cardiovascular disease and type 2 Diabetes Mellitus

Author, year Study Location	Years of recruitment	Single or Multicenter	Recruitment setting	Study Design	Inclusion criteria	Study's stated goal is weight maintenance	Control Active intervention
Abraira, 1980[1] United States	Not reported	Single	Clinical	Randomized intervention	5% calculated IBW Type 2 Diabetes Mellitus patients Veteran attending Diabetes outpatient clinic at Hines VA No history of weighing >5% over IBW in the last 5 years and also not > 15% over IBW before that. No complicating diagnoses that could independently affect weight or diet (such as congestive heart failure, cirrhosis of the liver, renal insufficiency, neoplasia). Not to be receiving any drug known to affect blood lipid levels (clofibrate, cholestyramine, nicotinic acid, etc.). Not under insulin treatment.	Yes	Not described Diet
Anderssen, 1995[2] Torjesen, 1997[12] Europe	1990-1991	Single	Other : cohort study in Oslo	Randomized intervention	Age: 41-50 BMI: >24 Atherothrombogenic syndrome Relatively inactive (exercising at the most once per week and characterized by a maximal oxygen uptake of 35.4 +/- 5.9 ml/kg/min) Diastolic blood pressure of 86-99 mmHg Total cholesterol of 5.20-7.74 mmol/l Fasting triglycerides >1.4 mmol/l HDL cholesterol <1.20 mmol/l No overt cardiovascular disease or diabetes Not using drugs that might interfere with test results Not suffering from disease or having personal traits that make	No	Usual care Self-management Diet Self-management Diet Physical Activity

					them unsuited for participation No refusal to sign the declaration of willingness Not on lipid-lowering diet Not engaging in regular endurance training two times a week or more		
Babazono, 2007[3] Asia	2004-2004	Single	Other: Membership	Randomized intervention	Systolic Blood Pressure 130-159, Diastolic Blood pressure 85-99, or Hemoglobin A1c >5.6 Participants were members of the National Health Insurance in Umi Town; Fukuoka Prefecture, Japan Persons for whom physicians judged avoidance of medical treatment to be safe were included.	No	Usual care Self-management Diet Physical Activity
Clark, 2004[4] Europe	Not reported	Single	Clinical	Randomized intervention	Age: 40-70 BMI: >25 Type 2 Diabetes Mellitus Well enough to participate in a regular walking program.	No	Usual care Self-management
Gram, 2010[5] Europe	Not reported	Single	Newspaper and Clinical	Randomized intervention	Age: 25-80 BMI: >25 Type 2 Diabetes Mellitus Type 2 Diabetes Mellitus for >1 year Hemoglobin A1c in the range 7% to 10% Stable anti-diabetic treatment for at least 3 months before inclusion No symptomatic heart disease No myocardial infarction within the past 3 months No severe lung disease	No	Usual care Physical activity (2 active arms)
Kumanyika, 2005[6] United States	1992	Multicenter	Not reported	Randomized intervention	Age: 30-54 Men and women who were at least moderately overweight. Approximately 110–165% of the Metropolitan Life Insurance Company weight standards. Diastolic Blood Pressure between 83 and 89	No	Usual care Diet

					Systolic Blood Pressure not over 140mmHg when nine readings taken over three visits were averaged. No current treatment for hypertension. No evidence of cardiovascular disease, diabetes mellitus, renal insufficiency, or any other serious illness. No current or planned pregnancy. Willingness or ability to adhere to trial procedures.		
Razquin, 2010[8] Razquin, 2009[9] Europe	Not reported	Multicenter	Clinical	Randomized intervention	Age: Men 55-80; women 60-80 BMI: >25 High cardiovascular risk population: Presence of type 2 diabetes mellitus or three or more coronary heart disease risk factors (e.g., current smoker, blood pressure >140/90 mmHg or use of antihypertensive drugs, low-density lipoprotein cholesterol level >160 mg/dL [4.14 mmol/L]) Family history of premature coronary heart disease before age 55 years in men or age 60 years in women). No history of coronary heart disease or other cardiovascular diseases, any severe chronic illness, drug or alcohol addiction, history of allergy or intolerance to olive oil or nuts, and low predicted likelihood of changing dietary habits according to the Prochaska stages of change model	No	Printed information on low-fat diet Diet (2 active arms)
Samaras, 1997[10] Australia	Not reported	Single	Clinical	Randomized intervention	Age: 40-70 Those performing <1 hour weekly exercise NIDDM No history/symptoms or signs of	No	Usual care Self-management Physical Activity

					Ischemic Heart Disease Not smoking No specific ECG findings		
Stefanick, 1998[11] Location not reported	Not reported	Single	Not reported	Randomized intervention	Age: women 45-64 and men 30-64 BMI: men <34, women <32 Men with Heavy density lipoprotein <60,Low density lipoprotein 125-210 Women with Heavy density lipoprotein <60 and Low density Lipoprotein 125-190 No history of heart disease, stroke, diabetes, recent cancer, other life-threatening illness, or any condition that limited their ability to engage in moderate-intensity exercise No current use of insulin or medications for heart problems, blood pressure, or high serum cholesterol levels Not smoking more than nine cigarettes per day No consumption of more than four alcoholic drinks daily. Women agreeing not to change their hormonal therapy, if any, for one year.	No	Usual care Diet Physical activity Diet, physical activity
Yates, 2010[13] Europe	2006-2007	Single	Other : diabetes screening programs	Randomized intervention	BMI: >25 BMI: >23 for South Asians Impaired glucose tolerance Must not have reported taking steroids	No	Printed material: brief information sheet on impaired glucose tolerance and how Physical activity can be used to treat/control the condition. Physical Activity

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Table 15. Participant characteristics in studies not reporting on groups with CVD_T2DM

Author, year	Total N	Follow-up period, months	% Women	Age	Race	Education	Smokers	Comments
Abraira, 1980[1]	30	24 month	0	Arm2: mean : 49 Arm3: mean : 52				Duration of diabetes in years Arm2: mean : 11 Arm3: mean : 12 All participants on insulin
Anderssen, 1995[2] Torjesen, 1997[4]	97	12 months						
Babazono, 2007[3]	99	Not reported	Arm1: women, % : 51.1 Arm2: women, % : 58	Arm1: mean : 64.5 Arm2: mean : 64.3				~30% with HTN at baseline in each group; 20% in intervention and 14.3% in control group with DM at baseline
Clark, 2004{#33751}	100	Not reported	Overall: women, % : 42	Overall: mean : 59.5				
Gram, 2010{#30286}	68	Not reported	Overall: women, n : 31	Arm1: mean : 61 Arm2: mean : 59 Arm3: mean : 62				At baseline in the three Arms, there was a statistically significant difference (P=0.04) for hip circumference (in cm): Arm 1 Control: 114 Arm 2 EP: 111 Arm 3 NW: 107
Kumanyika, 2005{#22714}	1159	Not reported	Sex reported differently by group: say that "approx two thirds "were male but		Black overall: n : 203 % : 17	"about half" were college graduates		

			don't give an exact number					
Razquin, 2009{#20481}	187	Not reported	Arm1: women, % : 54 Arm2: women, % : 52 Arm3: women, % : 46	Arm1: mean : 69 Arm2: mean : 67.48 Arm3: mean : 68.40				
Razquin, 2010{#30415}	737	Not reported	Arm1: women, % : 57 Arm2: women, % : 56 Arm3: women, % : 52	Arm1: mean : 68.3 Arm2: mean : 67.7 Arm3: mean : 67.6			Arm1: % : 18 Arm2: % : 16 Arm3: % : 13	69%, 64% and 63% of patients in Arm 1, Arm 2 and Arm 3, respectively, had diabetes
Zazpe, 2008{44361} Razquin, 2010{#30415} Razquin, 2009{#20481}	1776	Not reported	Arm1: women, %: 57.7 Arm2: women, %: 53.8 Arm3, %: 49	Arm1: mean: 68 Arm2: mean: 67.2 Arm3: mean: 67	Not reported	Arm1: Less than high school, %: 75.9% Arm2: Less than high school, %: 76.0% Arm3: Less than high school, 5: 72.6%	Arm1: %: 16.9% Arm2: %: 19.5% Arm3: 5: 19.0%	Prevalence of Diabetes, %: Arm1: 47.8% Arm2: 51% Arm3: 47.5%
Samaras, 1997{#15824}	26	12 months	Overall: women, n : 16 Arm1: women, n : 7 Arm2: women, n : 9	Arm1: mean : 60.5 Arm2: mean : 60.5				Excluded current smokers
Stefanick, 1998{#44358}	367	Not reported	report characteristics stratified by sex	Arm1: mean : 56.9 Arm2: mean : 47.8 note this is stratified by sex and not intervention				all characteristics and results stratified by sex
Yates, 2010{#20431}	74	Not reported	Overall: women, % : 31	Overall mean: 65	Asian/Pacific Islander overall: % : 26		Current smoker, overall: % : 11	36 (49%) were taking aspirin, 5 (7%) were taking non-

								steroidal anti-inflammatory medication, 43 (58%) were taking statins, 25 (34%) were taking beta-blockers and 14 (19%) were taking angiotensin-converting enzyme inhibitors.

HTN

References

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Table 16. Description of interventions in studies on populations with cardiovascular disease and/or type 2 diabetes mellitus

Author, Year	Duration of Intervention (ONLY for interventional studies)	Control	Active intervention, Self-management	Active intervention, Diet	Active intervention, Physical Activity	Comment
KQ1: SELF-MGMT						
Clark, 2004[4]	6 months	Usual care/no intervention	The key features of the intervention were assessment, patient participation in goal setting, selecting personalized strategies to overcome barriers, and follow-up contacts. The assessment used the specific self-report measures to assess eating patterns and level of physical activity. These measures established the patient's current lifestyle, identified the most problematic areas, and identified the patient's barriers to making lifestyle changes. Info then used to guide discussion with the patient to help develop discrepancy between current status and desired goals., Number of sessions, 3 in-person, 3 telephone, In person, By Phone (do not use for text messages) Goal setting: 1st in-person visit (30 min), participants set one dietary and one physical activity goal; set further goals at 12- and 24-wk in-person visits if initial goals met.			
KQ2: DIET						
Zazpe, 2008[11]	36 months	Control: Leaflet about the American Heart Association dietary recommendations and single meeting with a dietician about this diet		**<u>Mediterranean diets encouraged:</u>** • Use of virgin olive oil • Consumption of o ≥ 2 servings per day of vegetables o ≥ 3 servings per day of fruit o ≥ 3 servings per week of legumes		

Author, Year	Duration of Intervention (ONLY for intervention al studies)	Control	Active intervention, Self-management	Active intervention, Diet	Active intervention, Physical Activity	Comment
				o ≥ 3 servings per week of fish or seafood o ≥ 3 servings per week of nuts or seeds o White meats (ie, poultry without skin or rabbit) instead of red meats or processed meats o ≥ 7 glasses each week of wine if participant consumes wine o Regularly cooking with salsa made with minced tomato, garlic,and onion simmered in olive oil. • Discouraged consumption of cream, butter, margarine, cold meats, pate, duck, carbonated and/or sugared beverages, pastries, commercial bakery products, French fries or potato chips, and out-of-home precooked meals. <u>Individual sessions</u>: Personalized motivational interview administered by dietician quarterly with positive recommendations to follow this food pattern <u>Group sessions</u>: Educational sessions run by dieticians with up to 20 participants per session and separate sessions for each group.		

Author, Year	Duration of Intervention (ONLY for intervention al studies)	Control	Active intervention, Self-management	Active intervention, Diet	Active intervention, Physical Activity	Comment
				Individual and group sessions: Included information on typical Mediterranean-diet foods and seasonal shopping lists, meal plans, and cooking recipes. Participants had free and continuous access to their center's dietician. Free provision of olive oil: Participants in the "Mediterranean Diet with Virgin Olive Oil" arm were given 3-month quantities of virgin olive oil (1 L/week). Free provision of mixed nuts: Participants in the "Mediterranean Diet with Mixed Nuts" arm were given 3-month quantities of mixed nuts (30 g/day, distributed as 15 g walnuts, 7.5 g almonds, and 7.5 g hazelnuts).		
Abraira, 1980[1]	24 months	Usual Care (Hines VA Diabetic Diet): • Three meals + bedtime snack • Strict avoidance of refined sugars • Consumption of starches • Avoidance of saturated fat • No exchange system • No caloric goal • No specific		American Diabetes Association Diet: • Calculated daily caloric goal based on ideal body weight and energy expenditure • Daily meal pattern planned and distributed through a food exchange • Three meals + bedtime snack • Carbohydrate distribution: breakfast (30%), lunch (30%), dinner (30%), and		Both diets delivered by dieticians at quarterly regular clinic visits

Author, Year	Duration of Intervention (ONLY for intervention al studies)	Control	Active intervention, Self-management	Active intervention, Diet	Active intervention, Physical Activity	Comment
		carbohydrate distribution • No cholesterol restriction		snack (10%). • Moderate restriction of both refined sugars and carbohydrates.		
KQ3: PHYSICAL ACTIVITY						
Yates, 2010[10]	6 months	Received printed information sheet by mail about impaired glucose tolerance and the role of physical activity in controlling impaired glucose tolerance			PREPARE+ pedometer: • Single in-person, 180-min group, session at baseline consisting of information about impaired glucose tolerance and counseling about perceived effectiveness of exercise, walking self-efficacy beliefs, barriers to walking, and self-regulatory strategies • 10 minute review of progress in person at 3 and 6 months • Received steps per day goal and pedometer	
					PREPARE • Same as PREPARE+ pedometer but NO pedometer given	
Anderssen, 1995[2] Torjesen, 1997[9]	12 months	Usual care/no intervention			Physical activity: Three supervised, group 1-hour endurance exercise sessions per week Goal to attain improve peak VO2 with by targeting 60-80% of peak heart rate Eight weeks of progression in intensity and duration of the program followed by maintenance of intensity. At the first training session, participants are informed orally and in writing about simple principles of training physiology	
KQ5: COMBINATION						
Stefanick, 1998[8]	9-11 months	Usual care/no intervention		Dieticians presented dietary recommendations, Counseling, Other : 1 individual counseling		

Author, Year	Duration of Intervention (ONLY for intervention al studies)	Control	Active intervention, Self-management	Active intervention, Diet	Active intervention, Physical Activity	Comment
				session followed by 8 group lessons; 6-8 months maintenance phase with monthly contacts, Other : initial intervention in-person; maintenance could be in-person (group or individual) or by mail/phone NCEP Step 2: less than 30 percent total fat, less than 7 percent saturated fat, and less than 200 mg of cholesterol per day//Other: Participants entered a 12-week adoption phase in which an individualized counseling session was followed by eight one-hour, mixed-sex group lessons on replacing dietary sources of saturated fat with complex carbohydrates, low-fat dairy foods, and other alternatives, including lean meats. Weight loss was not emphasized in the group sessions, which were held separately for the diet-alone and diet plus- exercise groups and which averaged 15 persons per group. A six-to-eight-month maintenance phase consisted of monthly contacts with study dietitians, by mail or telephone or in group or private meetings.		
				Exercise staff delivered intervention in individual and group sessions	1 individual followed by 6-wks adoption phase in groups (3 x/week) followed by maintenance phase x 7-8 month (in groups or at home)	

Author, Year	Duration of Intervention (ONLY for intervention al studies)	Control	Active intervention, Self-management	Active intervention, Diet	Active intervention, Physical Activity	Comment
					Physical activity; individual visit then group; maintenance through group or home, Individual (running, lifting, swimming). Group (classes, organized sports), 3 Times/sessions per week for 60 Minutes. The aerobic-exercise program began with a private meeting with members of the exercise staff, followed by a six-week adoption phase in which participants attended supervised, one-hour, mixed-sex exercise sessions, three times per week, that were held separately for the exercise-alone and diet-plus-exercise groups. The subjects were instructed not to discuss diet during these sessions. Throughout a seven-to-eight-month maintenance phase, participants could attend supervised group sessions three times per week, supplement the required monthly group sessions with home-based activities, or both, with the goal of engaging in aerobic activity equivalent to at least 16 km (10 mile) of brisk walking or jogging each week.	
			:	see NCEP Step 2 (Arm 2) intervention description	see exercise only (Arm 3) description Weight loss was not emphasized in the group sessions, which were held separately for the diet-alone and diet plus-exercise groups and which averaged 15 persons per group. Exercise: The subjects were instructed not to discuss diet during these sessions.	
Samaras, 1997[f]	6 months	Usual care/no intervention	Group sessions: safe exercise, exercise-specific education to improve confidence, coping w/ diabetes &		Physical activity educational handouts Exercise: Group (classes, organized sports), 1 Time/session per month	Could still attend exercise sessions after 6 month program; do not state

Author, Year	Duration of Intervention (ONLY for intervention al studies)	Control	Active intervention, Self-management	Active intervention, Diet	Active intervention, Physical Activity	Comment
			exercise, self-esteem issues, decision making, goal setting & achieving mastery & enjoyment of chosen exercise, One time/month, In person. Goal setting: log books for goal setting, goal and progress review			general exercise goals for participants outside of monthly sessions
Gram, 2010°	4 months	Usual care/no intervention : Given the diabetes outpatient clinic's standard written information on exercise as part of the treatment for Type 2DM Subjects did not receive supervised training. Like patients in Arms 2 and 3, control group patients were advised to be physically active at inclusion			Intervention - advised to exercise outside training sessions; post-intervention - tailored advice/neighborhood opportunities. Physical activity: Counseling, Other : Unclear, Other : probably in-person//Exercise: Individual (running, lifting, swimming) Group (classes, organized sports) Individually tailored program with aerobic and strength training, Times/sessions per week : Twice weekly for first 2 months, and then once weekly for final 2 months, Minutes : 45 (10-min warm up + 30 min exercise + 5-min cool down) Individually based; however, participants had to work continuously for a min of 30mins at a workload of at least moderate intensity by perceived exertion//Supervised by a physiotherapist The training program was individually tailored and included both strength training and aerobic exercise. Training individualized on the basis of a cycle test at inclusion, the participant's physical capacity, and his/her goals. Session equipment: ergometer cycles, rowing machines, step machines, and strength training machines. Participants interviewed 3 times by the physiotherapist using a structured interview at weeks 0, 8, and 16, then assisted with goal setting, and provided with advice about training and exercise. During the intervention, a physiotherapist emphasized and instructed participants to increase physical activity outside of the training sessions.	Exercise on Prescription (EP) focuses on muscle strength and physical fitness. Nordic walking (NW) is an outdoor activity that does not require specific equipment and seems to be easier than other sports to adjust to meet the individual's needs and to fit into daily living.

Author, Year	Duration of Intervention (ONLY for intervention al studies)	Control	Active intervention, Self-management	Active intervention, Diet	Active intervention, Physical Activity	Comment
					At the end of the intervention: - participants were given information on physical training opportunities available in their neighborhood and individually tailored advice - Each participant was guided to take the initiative to find suitable forms of training in the follow-up period	
					A physiotherapist instructed and supervised this treatment arm. Intervention - advised to exercise outside training sessions; post-intervention - tailored advice/neighborhood opportunities. Physical activity: Counseling, Other : Unclear, Other : presumed in-person//Exercise: Group (classes, organized sports) Use of the same type of walking sticks (Exel Trainer Pro; ESB Sports Oy, Kitee, Finland) for Nordic Walking, 2times a week for 2 months and then weekly for last 2 months. Each supervised session lasted 45 minutes and included a 10-minute warm-up, 30 minutes of exercise/Nordic walking, and a 5-minute cool down. Walking distance and intensity individually based. Participants instructed to walk at a speed of at least moderate intensity continuously for a minimum of 30 minutes by perceived exertion//The training for this group was conducted outdoors on forest paths Participants kept walking sticks through 12 months of study This arm was instructed and supervised by a physiotherapist During the intervention, a physiotherapist emphasized and instructed participants to increase physical activity outside of the training sessions At the end of the intervention: - participants were given information on physical training opportunities available in their	

Author, Year	Duration of Intervention (ONLY for intervention al studies)	Control	Active intervention, Self-management	Active intervention, Diet	Active intervention, Physical Activity	Comment
					neighborhood and individually tailored advice - Each participant was guided to take the initiative to find suitable forms of training in the follow-up period	
				Dietary history interview (taken by dietician) used to estimate weighted glycemic index (GI) and overall glycemic load (based on 2002 international table of GI and GL values)		
Kumanyika, 2005[6]	36-48 months	Usual care/no intervention	Individual counseling conducted based on results of health checkups and health assessment charts on physical activity, nutrient intake, and lifestyle at the baseline.	Participants were provided with the knowledge-skills by intensive initial counseling, with subsequent counseling less frequently basis to prevent relapse and support maintenance of sodium reduction, Counseling, > 15 Number of sessions, In person Sodium intake <1800 mg/day by 6 months (individual goal<1600 mg): Participants were expected to make targeted changes in their usual food selections and eating patterns to lower sodium intake without affecting caloric intake or other aspects of dietary intake or lifestyle. 1 initial individual counseling session 10 weekly group counseling sessions (intensive phase) 4 monthly group counseling sessions (transitional phase) Periodic 'mini-series' of		

Author, Year	Duration of Intervention (ONLY for intervention al studies)	Control	Active intervention, Self-management	Active intervention, Diet	Active intervention, Physical Activity	Comment
				intervention sessions on selected topics Individual in-person, telephone, and mail contacts as needed Groups: 60–90 min sessions; initial review of progress and information sharing among participants; interactive presentation and discussion Content: How to identify Na content of foods, prepare lower Na foods, modify recipes, and make lower Na food selections at and between meals and when eating away from home; taste-testing lower Na packaged foods and recipes; how to make small, progressive Na intake changes; alternatives to high-Na eating behaviors; general behavioral modification and relapse prevention techniques, including self-monitoring of Na intake; counselor and peer support To increase adherence: Counselor feedback based on submitted food records. Individual and group feedback on changes in urinary Na excretion based on timed, overnight urine samples or 24-h urine samples Various reminders and incentives throughout follow-up.		

Author, Year	Duration of Intervention (ONLY for intervention al studies)	Control	Active intervention, Self-management	Active intervention, Diet	Active intervention, Physical Activity	Comment
Babazono, 2007[3]	12 months	Usual care/no intervention; received result of health exam. Printed Materials	Goal to increase fruits/veg. and physical activity. Visits at health center at 0, 4, and 6 months. Visits at home twice 5 Number of sessions; In person Goal setting: Overall goal to increase Fruits and vegetable intake and physical activity. The support team – consisting of qualified dietitians, health exercise instructors, and public health nurses encouraged patients to set their own goals and to select lifestyle improvements that they were interested in making. They helped intervention group patients choose and prioritize physical activities to achieve goals set by the patients themselves. The support team provided advice, problem solved if needed, and reinforced positive changes.	increase fruits and vegetable intake, Counseling; 5Number of sessions, In person Fruit/vegetable rich: Increase vegetables at every meal Increase vegetables in miso soup Increase intake of seaweed or mushrooms Increase soybean cake intake Decrease salty foods Decrease oily foods Decrease sugar intake Decrease alcohol intake Increase time for meals Eat more slowly and/or chew for a longer time.	Challenge cards used to promote physical activity Physical activity: Counseling, 5Number of sessions: 5, In person. Exercise: Individual (running, lifting, swimming) Walk to workplace Increase walking around home Step exercise at home Jogging Stretching Muscle training Cycling Exercise at workplace Exercise at training gyms Increase time playing sports	

Including exercise vs control only for ODES, deleted diet and diet + exercise because of weight loss goal
Excluded 9403 (goal of weight loss) and 42741 (observational)
Deleted 20481 and 30415 since will use 44361 for intervention info from PREDIMED

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Table 17a. BMI outcomes in studies on CVD_T2DM

Bibliography	Arm	Outcome defined	Baseline N	Baseline BMI, mean	N at 12 months	BMI, 12 months, mean	Change from BL	Between-group Difference at 12 Months	Measure of association	Test for trend	Variables adjusted for	Comment
Self-management intervention												
Clark, 2004{#33751)	1	kg/m2	50	mean: 31.3, SD: 5.01	50	Mean: 32.72, SD: 4.77	Mean: 1.42					P=0.000 for change from baseline
	2		50	mean: 32.4, SD: 4.49	50	Mean: 32.06, SD: 4.03	Mean: -0.34	Mean: -1.76 95%CI: -0.2 to 3.7, P=0.075 (reference=control)				P=0.088 for change from baseline
Clark, 2004{#33751)	1	kg/m2	50	mean: 31.3, SD: 5.01	Not reported	Mean: 32.72, SD: 4.77	Mean: 1.42					P=0.000 for change from baseline
	2		50	mean: 32.4, SD: 4.49	Not reported	Mean: 32.06, SD: 4.03	Mean: -0.34	Mean: -1.76 (reference=control)				P=0.088 for change from baseline
Diet intervention												
Zazpe, 2008[12]	1	Kg/m2	485	Mean: 29.5, SEM: 3.6	485		% with decreased BMI=41.2		P=0.484 for chi squared test			
	2		533	Mean: 29.3, SEM: 3.5	533		% with decreased BMI=37.7					
	3		533	Mean: 29.4, SEM: 3.4	533		% with decreased BMI=40.9					
Physical activity intervention												
Torjesen, 1997[10]	1	kg/m2	43	mean : 28.3, SD : 3.1	n : 43		Mean change: 0.4, SD:					

Bibliography	Arm	Outcome defined	Baseline N	Baseline BMI, mean	N at 12 months	BMI, 12 months, mean	Change from BL	Between-group Difference at 12 Months	Measure of association	Test for trend	Variables adjusted for	Comment
							0.1					
	2		49	mean : 28.6, SD : 3.1	n : 49		Mean change: -0.3, SD: 0.2		Mean difference: -0.7 95%CI: -0.8 to -0.6, P<0.001 (reference= Arm 1)			
Yates, 2010[11]	1	kg/m2	mean: 29.7, SD: 4.5	n : 26			Mean change (95%CI): -0.3, (-0.8 to 0.2)				Baseline BMI	LLCI for Arm 3 should probably be -0.6 rather than +0.6 (? typographical error)
	2		mean: 28.7, SD: 5	n : 24			Mean change (95% CI): 0.1 (-0.5 to 0.7)		Arm 1: N=26 Arm 2: N = 24 Adjusted mean between-group difference from baseline 0. 5 (95% CI: -0.3 to 1.2) P=0.212 (reference=control) Arm 2 vs Arm 3 Mean between group difference from baseline 0.3			
	3		mean: 29.3,	n : 24			mean change		Arm 1: N=26 Arm 3: N=24			

Bibliography	Arm	Outcome defined	Baseline N	Baseline BMI, mean	N at 12 months	BMI, 12 months, mean	Change from BL	Between-group Difference at 12 Months	Measure of association	Test for trend	Variables adjusted for	Comment
			SD : 5.1				(95% CI) : -0.1 (-0.6 to 0.4)		Adjusted mean between-group difference from baseline: 0.2 (-0.5 to 0.9) P= 0.575 (reference=control)			
Combination interventions												
Gram, 2010[4]	1	kg/m2	22	mean : 32.8 SD : 4.0	n : 20	mean : 32.6, se : 0.9						
	2		24	mean : 32.4 SD : 4.1	n : 24	mean : 31.8, se : 0.9		Mean difference -0.71 (95% CI: -1.42 to 0.00) Se: 0.4 P=0.049				
	3		22	mean : 31.4 SD : 4.3	n : 21	mean : 30.9, se : 0.9		Mean difference: -0.49 (95% CI: -1.23 to 0.25) Se: 0.4				
Samaras, 97[8]	1	12 months minus baseline	13	mean : 35.7 se : 1.6		mean : 0.29 se : 0.45				no significant difference by arm with ANOVA or Mann Whitney test		Please note: at 12 months measurements were "Changes in Anthropometric & Metabolic Parameters" from baseline measures
	2		13	mean : 32.3 se : 1.1		mean : -0.1 se : 0.05						

Bibliography	Arm	Outcome defined	Baseline N	Baseline BMI, mean	N at 12 months	BMI, 12 months, mean	Change from BL	Between-group Difference at 12 Months	Measure of association	Test for trend	Variables adjusted for	Comment
Babazono, 2007[3]	1	kg/m2	41	mean : 24 SD : 2.5	n : 41 check if this is the last timepoint reported	mean : 23.9 SD : 2.4	-0.1			no statistically significant differences in BMI between groups at baseline or after 1 yr of follow up		
	2		46	mean : 23.6 SD : 3.2	n : 46 check if this is the last reported timepoint	mean : 23.1 SD : 3.2	-0.5		Mean between-group change from baseline: -0.4			

Table 17b. Weight change outcomes in interventional studies on CVD_T2DM

Author, year	Arm	Outcome defined	Baseline N	Baseline weight, mean	N at 12 months	Weight, 12 months, mean	Change from BL	Final measure, months	N at final measure	Weight, final measure, mean	Change from BL	Measure of association	Test for trend	Variables adjusted for	Comment
Diet interventions															
Razquin, 2010[6]	1	kg	196	mean : 74.5 se : 11.8				36	Not reported	se : 0.3 mean change : -0.10		Arm 1 N=196 Arm 2 N=302 36-mo body weight change (36 mo vs baseline) 0.202 (95% CI: -0.593 to			

Author, year	Arm	Outcome defined	Baseline N	Baseline weight, mean	N at 12 months	Weight, 12 months, mean	Change from BL	Final measure, months	N at final measure	Weight, final measure, mean	Change from BL	Measure of association	Test for trend	Variables adjusted for	Comment
												0.997) P=0.618			
	2		302	mean : 75.6 se : 11.9				36	Not reported	mean se : 0.2 mean change : -0.21					
	3		239	mean : 74.6 se : 10.3				36	Not reported	mean se : 3.8 mean change : -0.07					
Abraira, 1980[1]	2	abs weight in kg;		mean : 63.0	mean change : 0.74		mean change : 0.94					Mean between-group change at 12 mo: -0.8 (reference= unmeasured diet)	note "no significant changes in either group"		% change in weight reported at 12 mo and 24 mo; abstracted 12- and 24- mo data from Fig 1 using Engauge
	3			mean : 64.4	mean change : 1.58		mean change : 0.96								
Physical activity interventions															

Author, year	Arm	Outcome defined	Baseline N	Baseline weight, mean	N at 12 months	Weight, 12 months, mean	Change from BL	Final measure, months	N at final measure	Weight, final measure, mean	Change from BL	Measure of association	Test for trend	Variables adjusted for	Comment
Yates, 2010[11]	1	kg	26	mean : 82.7, SD : 14.7	n : 26	Mean: 81.9	Mean: -0.8, 95%CI: -2.3 to 0.6							Other : baseline weight	
	2		24	mean: 80.7, SD: 17.2	n : 24	Mean: 81.2	Mean: 0.5, 95% CI: -1.2 to 2.2					Arm 1 N =26 Arm 2 N=24 Mean between-group difference from baseline 1.4 (95% CI: -0.8 to 3.5) P=0.199 Reference= Arm 1			
	3		24	mean : 82.8,SD : 14.6	n : 24	Mean: 82.3	Mean: -0.5, 95% CI: -2.1 to 1.1					Arm 1 N =26 Arm 3 N=24 Mean between-group difference from baseline 0.3 (95% CI: -1.8 to 2.5) P=0.749 Reference= Arm 1			
Andersen, 1995[2]	1	kg	43	Mean: 89.3,	n: 43	Mean: 90.4	Mean: 1.1, SEM: 0.4								

Author, year	Arm	Outcome defined	Baseline N	Baseline weight, mean	N at 12 months	Weight, 12 months, mean	Change from BL	Final measure, months	N at final measure	Weight, final measure, mean	Change from BL	Measure of association	Test for trend	Variables adjusted for	Comment
				SEM: 2.1											
	2		49	Mean: 89.7, SEM: 1.7	n: 49	Mean: 88.8	Mean: -0.9, SEM: 0.7					Mean between-group difference from baseline -2 95%CI: -3.4 to -0.6, P=0.007			
Combination Interventions															
Kumanyika, 2005[5]	1	kg	577					36	NR	SD : 5.3 mean change : 1.8			None of these weight change differences attained statistical significance		Within ethnicity-gender subgroups, changes were smaller in the active intervention versus control for men and larger for women. Weight change differences were not statistical

Author, year	Arm	Outcome defined	Baseline N	Baseline weight, mean	N at 12 months	Weight, 12 months, mean	Change from BL	Final measure, months	N at final measure	Weight, final measure, mean	Change from BL	Measure of association	Test for trend	Variables adjusted for	Comment
															ly significant overall or in subgroups.
	2		582					36	NR	SD : 5.2 mean change : 1.7		Mean between-group change: -0.1, SE: 0.31, P=0.75 Reference= arm1			
Samaras, 1997[8]	1	kg at 12 mo minus baseline	13	mean : 98.2 se : 3.4	check if this is the last timepoint reported	mean : 0.79 se : 1.09							no between-arm difference on ANOVA or Mann Whitney		Measures at 12 months are "changes since baseline measures)
	2		13	mean : 83.0 se : 3.6	check if this is the last reported timepoint	mean : 0.14 se : 1.09									
Babazono, 2007[3]	1	kg	41	mean : 58.6 SD : 9.1	n : 41 check if this is the last timepoint	mean : 58.1 SD : 8.8	-0.5						no statistically significant difference		

Author, year	Arm	Outcome defined	Baseline N	Baseline weight, mean	N at 12 months	Weight, 12 months, mean	Change from BL	Final measure, months	N at final measure	Weight, final measure, mean	Change from BL	Measure of association	Test for trend	Variables adjusted for	Comment
					reported								s in body weight between the two groups at baseline or after 1 yr follow up		
	2		46	mean : 58.5 SD : 9.7	n : 46 check if this is the last reported timepoint	mean : 57.1 SD : 9.5	-1.4					Mean between-group change from baseline: -0.9			
Gram, 2010[4]	1	kg	22	mean : 99 SD : 15	n : 20 check if this is the last timepoint reported	mean : 98.8 SD se : 3.2						Arm 1 N= 20 Arm 2 N=24			
	2		24	mean : 93.6 SD : 14.8	n : 24 check if this is the last reported timepoint	mean : 92.5 SD se : 3.2	Mean difference between Groups -1.26 (95%CI -3.09 to : 0.58) Se: 0.9								

Author, year	Arm	Outcome defined	Baseline N	Baseline weight, mean	N at 12 months	Weight, 12 months, mean	Change from BL	Final measure, months	N at final measure	Weight, final measure, mean	Change from BL	Measure of association	Test for trend	Variables adjusted for	Comment
	3		22	mean : 88.9 SD : 14.3	n : 21 check if this is the last reported timepoint	mean : 87.1 SD se : 3.3	Mean between Group difference: -1.1, SE: 1.1, 95%CI: -3.31 to 1.11								
Stefanick, 1998[9] Women	1	kg	45	Mean: 69.6, SD: 10.5 (for all 4 arms)	45		Mean: 0.8, SD: 4.2					P<0.001 from ANOVA comparing weight change across all 4 arms			P values adjusted for multiple comparisons using Bonferroni's adjustment
	2		43		43		Mean: -0.4, SD: 2.5					Mean between-group difference (95% CI): -1.2 (-2.6 to 0.2) Reference= arm1			
	3		46		46		Mean: -2.7, SD: 3.5					P<0.05 versus Arm 2, P<0.001 versus Arm 1; Mean between-group difference			

Author, year	Arm	Outcome defined	Baseline N	Baseline weight, mean	N at 12 months	Weight, 12 months, mean	Change from BL	Final measure, months	N at final measure	Weight, final measure, mean	Change from BL	Measure of association	Test for trend	Variables adjusted for	Comment
												(95% CI): -3.5 (-5.1 to -1.9) Reference= arm1			
	4		43		43		Mean: -3.1, SD: 3.7					P<0.01 versus Arm 2, P<0.001 versus Arm 1 Mean between-group difference (95% CI): -3.9 (--5.6 to -2.2) Reference= arm1			
Stefanick, 1998[9] Men	1	kg	46	Mean: 84.2, SD: 10.8 (for all 4 arms)	46		Mean: 0.8, SD: 2.7					P<0.001 from ANOVA comparing weight change across all 4 arms			
	2		47		47		Mean: -0.6, SD: 3.1					Mean between-group difference (95% CI): -1.4 (--2.6 to -0.2) Reference= arm1			
	3		49		49		Mean: -2.8, SD: 3.5					P<0.05 versus Arm 2, P<0.001			

Author, year	Arm	Outcome defined	Baseline N	Baseline weight, mean	N at 12 months	Weight, 12 months, mean	Change from BL	Final measure, months	N at final measure	Weight, final measure, mean	Change from BL	Measure of association	Test for trend	Variables adjusted for	Comment
												versus Arm 1 Mean between-group difference (95% CI): -3.6 (--4.9 to -2.3) Reference= arm1			
	4		48		48		Mean: -4.2, SD: 4.2					P<0.001 versus Arm 2, P<0.001 versus Arm 1 Mean between-group difference (95% CI): -5.0 (--6.4 to -3.6) Reference= arm1			

Table 17c. Waist circumference outcomes in interventional studies on CVD_T2DM

Table X.1: Self-management interventions:

Bibliography	Arm	Outcome defined	Base-line N	Base-line BMI, mean	N at 12 months	Waist circ, 12 months, mean	Change from BL	Final measure, months	N at final measure	Waist circumference, final measure, mean	Change from BL	Measure of association	Between-group Difference at 12 Months	Test for trend	Variables adjusted for	Comment
Self-management intervention																
Clark, 2004(#33751)	1	cm	50	mean: 101.25, SD: 11.4	Not reported	Mean: 103.6, SD: 10.63	Mean: 2.35									P=0.001 for change from baseline
	2		50	mean: 104.22, SD: 10.46	Not reported	Mean: 102.7, SD: 10.25	Mean: -1.52						Mean: -3.87 95% CI: -2.1 to 9.9 (reference=control)			P=0.002 for change from baseline
Physical activity intervention																
Anderssen, 1995[2]	1	cm	43	mean: 102.3, SE: 1.4	43	Mean: 103.2	Mean: 0.9, SE: 0.4									
	2		52	mean: 102.6, SE: 1.4	52	Mean: 100.7	Mean: -1.9, SE: 0.6						Mean between-group difference from baseline -2.8 P<0.05			
Diet interventions																
Razquin, 2009[7]		Waist circumf	59	mean : 93.79 SD : 9.78				36	59	mean : 0.11 SD : 4.56						

		erence (define)														
			65	mean : 98.83 SD : 10.14				36	65	mean : -0.63 SD : 4.76						
			63	mean : 96.67 SD : 9.30				36	63	mean : -0.23 SD : 3.60						
Combination interventions																
Gram, 2010[4]		cm	22	mean : 113 SD : 10	n : 20 check if this is the last timepoint reported	mean : 112 se : 2						Arm 1 N=20 Arm 2 N=24			Other : baseline waist circumference	
			24	mean : 110 SD : 10	n : 24 check if this is the last reported timepoint	mean : 108 se : 2	Mean difference -2.38 (95% CI: -4.73 to -0.03) Se: 1.2 P=0.012									
			22	mean : 109<b	n : 21 check if	mean : 108 se : 2	Mean difference									

				r>SD : 11	this is the last reported timepoint		-1.62 (95% CI: --3.76 to 0.52) Se: 1.1									

Table 17d. Adherence outcomes in interventional studies CVD_T2DM

Bibliography	Arm	Outcome defined	Baseline N	Baseline Adherence, mean	Final measure	N at final measure	Adherence, final measure, mean	Change from BL	Measure of association	Comment
Physical activity interventions										
Anderssen, 1995[2]	2	Percentage of supervised exercise sessions attended (plus individual sessions)	49	Not applicable		49	57%	Not applicable		Average of 1.8 hours per week spent in exercise
Combination interventions										
Gram, 2010[4]	1	Adherence reported as overall mean attendance rate (%) during the intervention (4-months)			over 4 mo of intervention	24	64.6			Adherence reported as overall mean attendance rate (%) during the intervention (4-months) 12 (50%) participants in the EP group had adherence corresponding to ≥70% attendance rate 12 (54.5%) participants in the NW group had adherence corresponding to ≥70% attendance rate A 70% attendance rate was interpreted

										as successful attendance in this study
	2				over 4 mo of intervention	21	63.5			
Samaras, 1997[8]	2	Compliance with exercise sessions					100%			

Table 17e. QOL outcomes in studies without an underlying condition

Bibliography	Arm	Outcome defined	Baseline N	Baseline QOL , mean	Final measure	N at final measure	QOL , final measure, mean	Change from BL	Measure of association	Between group differences	Variables adjusted for	Comment
Combination interventions	**Arm**	**Outcome defined**	**Baseline N**	**Baseline** Hypoglycemia **, mean**	**Final measure**	**N at final measure**	Hypoglycemia **, final measure, mean**	**Change from BL**	**Measure of association**	**Between group differences**	**Variables adjusted for**	**Comment**
Gram, , 2010[4]		Health-related quality of life (measured using the Short Form Health Survey [SF-36] questionnaire)								There were no significant differences in quality of life measured by SF-36 between and within groups (p358)		

ANOVA

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Table 18. Characteristics of studies on populations with cancer conditions

Author, year Study Location	Years of recruitment	Single or Multicenter	Recruitment setting	Study Design	Inclusion criteria	Study's stated goal is weight maintenance	Control Active intervention
Chlebowski, 2006[1] United States	1994-2001	Multicenter	Clinical	Randomized intervention	Age: 48-79 Resected unilateral invasive breast cancer survivors with at least 10 years life expectancy Acceptable adjuvant therapy At least 20% calories from fat Medically stable for intervention trial entry within 365 days of surgery	No	Other Diet
Djuric, 2002[2] United States	1997-1999	Single	Work place School Community/ geographic	Randomized intervention	Age: 21-50 At least one first-degree relative with breast cancer A current benign mammogram or breast examination with follow-up recommendation of ≥1 year No expected changes in use of oral contraceptives Good general health No expected changes in lifestyle during the study.	No	Usual care Diet (3 active arms)
Schwartz, 2009[3] United States	Not reported	Single	Clinical	Randomized intervention	Histological confirmed diagnosis of breast cancer, lymphoma and colon cancer. Exercised less than 120min /week Chemotherapy and radiation naive. Beginning chemotherapy with steroid as part of treatment plan; as chemo or anti-nausea No Psych illness No cardiovascular, movement-limiting arthritis or pulmonary disease that will preclude exercise program No steroid intake in last 6 months. No Paget's disease, hyperparathyroidism, rheumatoid arthritis, ankylosing spondylitis, and other metabolic bone disease.	Yes	Usual care Physical activity (2 active arms)
Wijndaele, 2009[4]	Not reported	Multicenter	Community/ geographic	Prospective	Not having hearing, speech, or cognitive disabilities that would prevent completing a telephone interview.	Yes	No control listed Self-management (2

Australia							active arms)

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2. Djuric Z, Poore KM, Depper JB *et al.* Methods to increase fruit and vegetable intake with and without a decrease in fat intake: Compliance and effects on body weight in the nutrition and breast health study. Nutr. Cancer 2002; 43(2):141-51.
3. Schwartz AL, Winters-Stone K. Effects of a 12-month randomized controlled trial of aerobic or resistance exercise during and following cancer treatment in women. Phys Sportsmed 2009; 37(3):62-7.
4. Wijndaele K, Lynch BM, Owen N, Dunstan DW, Sharp S, Aitken JF. Television viewing time and weight gain in colorectal cancer survivors: a prospective population-based study. Cancer Causes Control 2009; 20(8):1355-62.

Table 19. Participant characteristics in studies on populations with Cancer conditions

Author, year	Total N	Follow-up period, months	% Women	Age	Race	Education	Smokers
Chlebowski, 2006[1]	2437	Median : 60	100% women	Arm1: mean : 58.5 Range : 43.6-73.4 Arm2: mean : 58.6 Range : 44.4-72.8	White Arm1: n : 826 Arm2: n : 1235 Black Arm1: n : 75 Arm2: n : 52 Hispanic Arm1: n : 58 Arm2: n : 37 Asian/Pacific Islander Arm1: n : 58 Arm2: n : 86 Unknown overall Arm1: n : 1 Arm2: n : 6	less than High school, Arm1: n : 39 Arm2: n : 21 High school, Arm1: n : 452 Arm2: n : 326 College degree, Arm1: n : 394 Arm2: n : 232 Post-graduate degree, Arm1: n : 334 Arm2: n : 236	Current smoker, Arm1: n : 105 Arm2: n : 57
Djuric, 2002[2]	122	Mean : 12	100% women Arm1: women, n : 23 Arm2: women, n : 24 Arm3: women, n : 25 Arm4: women, n : 23	Overall: mean : 38	White overall: n : 91 % : 75 Black overall: n : 22 Hispanic overall: n : 6 American Indian/Alaska native overall: n : 2 Arabic overall: n : 1	College degree, overall: n : 87 % : 71%	Not reported
Schwartz, 2009[3]	112	Mean : 12	100%	Overall mean age 47 ± 9.4 Arm1: mean : 48 Arm2: mean : 47 Arm3: mean : 48	90% white	Some college: % : 83 Arm1: n : 27 % : 83	Not reported

						Arm2: n : 27 % : 80 Arm 3: n=27 % 77	
Wijndaele, 2009[4]	1867	Maximum : 36	Overall: women, % : 38.9	20-49: 8.6% 50-59 19.5% 60-69 34.1% ≥70 37.8%	Not reported	<=12 years overall: % : 53.5 12 years: % 10.1 Technical college overall: % : 23.1 University overall: % : 13.3	Current smoker, overall: % : 7.0

References

1. Chlebowski RT, Blackburn GL, Thomson CA *et al.* Dietary fat reduction and breast cancer outcome: Interim efficacy results from the women's intervention nutrition study. J. Natl. Cancer Inst. 2006; 98(24):1767-76.

2. Djuric Z, Poore KM, Depper JB *et al.* Methods to increase fruit and vegetable intake with and without a decrease in fat intake: Compliance and effects on body weight in the nutrition and breast health study. Nutr. Cancer 2002; 43(2):141-51.

3. Schwartz AL, Winters-Stone K. Effects of a 12-month randomized controlled trial of aerobic or resistance exercise during and following cancer treatment in women. Phys Sportsmed 2009; 37(3):62-7.

4. Wijndaele K, Lynch BM, Owen N, Dunstan DW, Sharp S, Aitken JF. Television viewing time and weight gain in colorectal cancer survivors: a prospective population-based study. Cancer Causes Control 2009; 20(8):1355-62.

Table 20a. Description of interventions in studies on populations with cancer

Author, Year	Duration of Intervention	Control/ usual care	Active intervention, Self-management	Active intervention, Diet	Active intervention, Physical Activity	Comment
Chlebowski, 2006[1]	72 months	Usual care/baseline dietitian visit then dietitian contact every 3 months, written information, vitamin and mineral counseling		Fat intake reduced to 15% while maintaining nutritional adequacy; incorporated SCT principles; no counseling on weight reduction; eight biweekly individual, in person counseling sessions, then dietitian contact every 3 months. Subjects keep daily food record.		
Djuric, 2002[2]	12 months	Usual care/no intervention Given Food Guide Pyramid from National Dairy Council, but not discussed		3 active diet arms: low fat, high fruits and vegetables, combination of low-fat/high fruits and vegetables; data collected using 24-h recall, food frequency questionnaires, and 4-day food records; RD's taught women how to keep food records; monthly group meetings held for each diet group; participants met with RD weekly until they understood dietary assignment		Subjects were also stratified by race (Caucasian vs. non-Caucasian); low fat arm had high dropout rate so randomization scheme was rebalanced so more subjects were randomized to low fat arm over last year of study
Schwartz, 2009[3]	12 months	Usual care/no intervention			Physical activity: Education, One time session, Exercise: Individual (running, lifting, swimming) Times/sessions per week : 4times per week lasting 20 minutes Moderate intensity range on Borg rating of perceived exertion scale. Subjects were asked to perform weight bearing aerobic exercise, like walking, jogging or dancing.	

Table 20b. Description of interventions in observational studies on populations with cancer

Author, Year	Duration of Intervention (ONLY for interventional studies)	Control/ usual care	Active intervention, Self-management	Active intervention, Diet	Active intervention, Physical Activity	Comment
Wijndaele, 2009[4]					Active Australia survey to calculate weekly physical activity	Association between television time and BMI

References

1. Chlebowski RT, Blackburn GL, Thomson CA *et al.* Dietary fat reduction and breast cancer outcome: Interim efficacy results from the women's intervention nutrition study. J. Natl. Cancer Inst. 2006; 98(24):1767-76.
2. Djuric Z, Poore KM, Depper JB *et al.* Methods to increase fruit and vegetable intake with and without a decrease in fat intake: Compliance and effects on body weight in the nutrition and breast health study. Nutr. Cancer 2002; 43(2):141-51.
3. Schwartz AL, Winters-Stone K. Effects of a 12-month randomized controlled trial of aerobic or resistance exercise during and following cancer treatment in women. Phys Sportsmed 2009; 37(3):62-7.
4. Wijndaele K, Lynch BM, Owen N, Dunstan DW, Sharp S, Aitken JF. Television viewing time and weight gain in colorectal cancer survivors: a prospective population-based study. Cancer Causes Control 2009; 20(8):1355-62.

Table 21a. BMI Outcomes in studies on subjects with cancer

Bibliography	Arm	Outcome defined	Baseline N	Baseline BMI, mean	N at 12 months	BMI, 12 months, mean	Change from BL	N at 24 months	BMI, 24 months, mean	Change from BL	N at 36 months	BMI, 36 months, mean	Change from BL	Measure of association
Physical activity intervention														
Wijndaele, 2009[1]		BMI change (define)	1867	26.3 (5.0 sd)				1202	27.4 (5.0 sd)	1.1	1028	27.6 (5.0 sd)	1.3	

Table 21b. Weight outcomes in studies on subjects with cancer.

Biblio-graphy	Arm	Out-come defined	Base-line N	Baseline weight, mean	N at 12 months	Weight, 12 months, mean	Change from BL	Final mea-sure	N at Final mea-sure	Weight, final measure, mean	Change from BL	Measure of asso-ciation	Test for trend	Variables adjusted for	Comment
Diet interventions															
Chlebowski, 2006[2]	1	KG	2437	72.6	1310	72.8	0.2	60		998	-1.1		paired t test		
	2		975	72.7	854	70.6	-2.1			386	-2.7				
Djuric, 2002[3]	1	Body weight (lbs converted to kg)	26	144 (65.5 kg) SD : 25	25	143 (65) SD : 27	-1 (-0.5 kg)	60					Wilcoxon rank sum test		
	2		40	155 (70.5) SD : 33	24	144 (65.5) SD : 31	-11 (-5 kg)								
	3		27	145 (65.9) SD : 26	25	149 (67.7) SD : 26	4 (1.8 kg)								
	4		29	152 (69.1) SD : 29	23	152 (69.1) SD : 30	0								
Physical activity interventions															
Schwartz, 2009[4]	1	Weight (kg)	33	70.3 SD : 12.7	33	76.2 SD : 13.6 se	5.9	60					intent to treat		
	2		34	74.8 SD : 12.7	34	72.3 SD : 13.6	-2.5								
	3		34	77.1 SD : 16.3	34	76.7 SD : 14.9	-0.4								

References

1. Wijndaele K, Lynch BM, Owen N, Dunstan DW, Sharp S, Aitken JF. Television viewing time and weight gain in colorectal cancer survivors: a prospective population-based study. Cancer Causes Control 2009; 20(8):1355-62.
2. Chlebowski RT, Blackburn GL, Thomson CA *et al*. Dietary fat reduction and breast cancer outcome: Interim efficacy results from the women's intervention nutrition study. J. Natl. Cancer Inst. 2006; 98(24):1767-76.
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4. Schwartz AL, Winters-Stone K. Effects of a 12-month randomized controlled trial of aerobic or resistance exercise during and following cancer treatment in women. Phys Sportsmed 2009; 37(3):62-7.

Table 22. Characteristics of weight maintenance intervention studies in populations with psychiatric disorders

Author, Publication Year	Years of Recruitment	Single or Multicenter	Recruitment Setting	Study Design	Inclusion criteria	Study's stated goal is weight maintenance	Control Active intervention
Alvarez-jimenez 2010[1]	2002-2004	Single	NR	RCT	Age: 16-50, psychosis	Yes	Usual Care Self-management, diet, physical activity
McCreadle 2005[2]	NR	Multicenter	Community/geographic	RCT	DSM-IV diagnosis of schizophrenia	No	Usual care Diet

CT Randomized Controlled Trial
BMI Body Mass Index
NR Not Relevant
DSM-IV Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition

References

1. Alvarez-Jimenez M, Martinez-Garcia O, Perez-Iglesias R, Ramirez ML, Vazquez-Barquero JL, Crespo-Facorro B. Prevention of antipsychotic-induced weight gain with early behavioural intervention in first-episode psychosis: 2-year results of a randomized controlled trial. Schizophr. Res. 2010; 116(1):16-9.
2. McCreadie RG, Kelly C, Connolly M *et al.* Dietary improvement in people with schizophrenia: Randomised controlled trial. British Journal of Psychiatry 2005; 187(4):346-51.

Table 23. Baseline characteristics of participants in weight maintenance studies in populations with psych disorders

Author, Publication Year	Baseline N	Mean/Median Age, Min Max, y	Mean/Median follow-up	Women(%)	Race, n(%)	Education	Smoking
					White African American …		
Alvarez-jimenez 2010[1]	61	mean : 26.8 Median : 24.2 Range : 15-44	Maximum : 24	(24.6)		NR	
McCreadle 2005[2]	102	mean : 45	Maximum : 18	30(29)		NR	14

References

1. Alvarez-Jimenez M, Martinez-Garcia O, Perez-Iglesias R, Ramirez ML, Vazquez-Barquero JL, Crespo-Facorro B. Prevention of antipsychotic-induced weight gain with early behavioural intervention in first-episode psychosis: 2-year results of a randomized controlled trial. Schizophr. Res. 2010; 116(1):16-9.
2. McCreadie RG, Kelly C, Connolly M *et al*. Dietary improvement in people with schizophrenia: Randomised controlled trial. British Journal of Psychiatry 2005; 187(4):346-51.

Table 24. Description of interventions in studies in populations with psychiatric disorders

Author, Year	Duration of Intervention (ONLY for interventional studies)	Control/ usual care	Active intervention, Self-management	Active intervention, Diet	Active intervention, Physical Activity
Alvarez-jimenez 2010[1]	3 months	Usual care/no intervention Randomized to 1 of 3 different antipsychotic meds	Randomized to 1 of 3 different antipsychotic meds Early behavioral intervention behavior therapy, psycho education, manual delivery comprised of 10-14 individual modules	Education, manual delivery, "dietary counseling"	
McCreadle 2005[2]	6 months	Usual care/no intervention		Free fruit and vegetables alone versus free fruits and vegetables + instruction. Randomized by residential house; Eating frequency, At least five portions of free fruit and vegetables per resident per day; For free fruits/veg + instruction, In addition to free instruction in meal planning and food preparation (no frequency stated), occupational therapist worked with patients in the third and sixth months, In person Residents were encouraged to take part in shopping expeditions and make appropriate purchases	,

References

1. Alvarez-Jimenez M, Martinez-Garcia O, Perez-Iglesias R, Ramirez ML, Vazquez-Barquero JL, Crespo-Facorro B. Prevention of antipsychotic-induced weight gain with early behavioural intervention in first-episode psychosis: 2-year results of a randomized controlled trial. Schizophr. Res. 2010; 116(1):16-9.

2. McCreadie RG, Kelly C, Connolly M *et al*. Dietary improvement in people with schizophrenia: Randomised controlled trial. British Journal of Psychiatry 2005; 187(4):346-51.

Table 25a. BMI outcomes in interventional studies in adults with psychiatric disorders

Author, Year	Arm	Baseline N	Baseline BMI, mean (SD)	1 year N	1 year BMI, mean (SD)	Year 1		18 month N	18 month BMI, mean (SD)	18 month		Factors accounted for in the mean difference compared to group 1
						Change in outcome from baseline	Mean difference compared to Group 1			Change in outcome from baseline	Mean difference compared to Group 1	
McCreadie, 2005[1]	Control	33						24				
	Arm2	37						36				
	Arm3	32						31				

Table 25 b Weight outcomes in interventional studies in adults with psychiatric disorders

Author, Publication Year		Baseline N	Baseline weight change, mean (SD)	1 year N	1 year weight change, mean (SD)	Year 1						Factors accounted for in the mean difference compared to group 1
						Change in outcome from baseline	Mean difference compared to Group 1					
Alvarez-jimenez 2010[2]	Control	33			11.84 kg							
	Arm2	28			10.19 kg							
					Net Weight change >5KG M82-87				Net weight change >5KG M87-93		M87-93 Night eaters vs. non night eaters	Chi sq

References

1. McCreadie RG, Kelly C, Connolly M *et al*. Dietary improvement in people with schizophrenia: Randomised controlled trial. British Journal of Psychiatry 2005; 187(4):346-51.

2. Alvarez-Jimenez M, Martinez-Garcia O, Perez-Iglesias R, Ramirez ML, Vazquez-Barquero JL, Crespo-Facorro B. Prevention of antipsychotic-induced weight gain with early behavioural intervention in first-episode psychosis: 2-year results of a randomized controlled trial. Schizophr. Res. 2010; 116(1):16-9.

Appendix F.

Appendix F. Strength of evidence Tables and Risk of Bias Assessment

Table 1a. Strength of evidence of studies among adults in the general population

Number of Studies, Participants	Domains Pertaining to Strength of Evidence				Strength of evidence Range of mean differences between groups
	Risk of Bias	Consistency	Directness	Precision	
	BMI change				
Self-management					Insufficient No studies identified
Dietary 1 trial (N=41,173 analyzed){#12377} 2 observational studies (N=14,698 analyzed){#10179}{#40508}	Moderate Trial: Blinded outcome assessors; most of internal validity questions answered "yes". Observational: Met confounding control, selection bias standards.	Inconsistent No difference between groups in the trial. One observational study results differed by ethnic groups.	Indirect Not designed to assess weight maintenance in 2 of 3 studies.	Precise Trial: Statistically significant, but not clinically meaningful. Observational: Statistically significant for many associations.	Low Clinically meaningful difference among Whites, Chinese and Hispanics with very healthy eating pattern, but not for eating meals outside of the home. Intervention group, eating out and 2 z-scores above the mean healthy eating index 0.1 to 1.1 fewer BMI units.
Physical activity 4 trials (687 analyzed)	Moderate 3 of 4 had blinded outcome assessment; Compliance not reliable; Losses to fup not accounted for in all trials	Consistent No difference with the exception of 1 study where both groups had a decrease in BMI	Indirect Not study designed to assess weight maintenance.	Imprecise No measure of variability or lack of statistical significance in most trials	Low All trial participants lost weight, regardless of intervention. Participants who were taught to monitor their heart rate by their primary care provider during exercise had a greater decrease in BMI than controls.

Number of Studies, Participants	Domains Pertaining to Strength of Evidence				Strength of evidence Range of mean differences between groups
	Risk of Bias	Consistency	Directness	Precision	
Combination 3 trials (535 analyzed){#7406}{#11326}{#23355}	Moderate Unclear if outcome assessor blinded in 2 of 3 trials	Consistent All studies reported no difference between groups.	Direct 2 of 3 trials aimed to prevent weight gain	Imprecise Only 1 study reported a standard error	Low No clinically meaningful difference between intervention groups and controls. All participants remained within 0.5 units of BMI from baseline.
Weight change					
Self-management 0 trials 3 observational studies (120,877 analyzed){#44371}	Moderate Met confounding control, selection bias standards. Weight was self-reported but validated to be accurate in a sub-study.	Consistent Same trends found across cohorts	Indirect No study's goal was weight maintenance.	Precise. Findings were statistically significant.	Low No clinically meaningful difference for sleep duration. Sleep duration greater than 6 hours associated with less weight gain than fewer than 6 hours of sleep per night. Television viewing of 5 or more hours per day was clinically and statistically associated with weight gain of at least 2.5kg over 20 years.
Dietary 2 trials (42,279 analyzed) 8 observational studies (168,921 analyzed)	Moderate Larger study had blinded outcome assessors and most of internal validity questions answered "yes". The smaller study had poor reporting which made	Inconsistent Neither trial found a clinically meaningful difference. Some of the observational studies found differences.	Indirect One study's goal was weight maintenance.	Precise Many studies reported statistically significant findings.	Low The interventions did not have clinically meaningful effects. A healthy eating pattern and eating more fruits and vegetables was associated with less

Number of Studies, Participants	Domains Pertaining to Strength of Evidence				Strength of evidence Range of mean differences between groups
	Risk of Bias	Consistency	Directness	Precision	
	it difficult to determine blinding of outcome assessors and other internal validity measures. Observational: Met confounding control, selection bias standards.				weight gain. Eating outside the home was associated with greater weight gain.
Physical activity 1 trial (138 analyzed) 6 observational studies (161,890 analyzed)	Moderate High quality trial and observational studies.	Inconsistent The largest studies found an association with increasing exercise duration. The trial found no difference between groups.	Indirect No study's goal was weight maintenance.	Precise Many studies reported statistically significant findings.	Low Increasing physical activity over time is associated with less weight gain.
Combination 2 trials (420 analyzed){#11326}{#7958}	Moderate Unclear if outcome assessor blinded	Consistent	Direct Trials aimed to prevent weight gain	Precise Trial that reported a measure of variability was statistically significant. The confidence interval excluded 2.5 kg.	Low No clinically meaningful difference between intervention groups and controls. All participants remained within 1.5kg of their baseline weight.
Waist circumference					
Self-management					Insufficient No studies identified
Dietary 2 trials (N=51,043 randomized){#12377}{#23667} 1 observational study (N=5,515 analyzed)	Low Trial: Very few randomized patients were included in the waist circumference analyses. Observational: Met confounding control, selection bias	Inconsistent Clinically meaningful difference found for Whites and Hispanics in observational study.	Indirect No study's goal was weight maintenance.	Precise Trials: The larger study was statistically, but not clinically significant. The smaller study was neither statistically nor clinically significant.	Low No clinically meaningful difference except for Whites with very healthy eating patterns. Healthy eating scores 2 z-scores above the mean

Number of Studies, Participants	Domains Pertaining to Strength of Evidence				Strength of evidence Range of mean differences between groups
	Risk of Bias	Consistency	Directness	Precision	
	standards. Waist circumference was measured by trained staff.			Observational: Statistically significant for Whites only.	associated with 2 to 3cm smaller waistlines in Whites and Hispanics.
Physical activity 1 trial (120 analyzed)	Moderate Unclear blinding of outcome assessor, last observation carried forward used for missing data	Not applicable	Indirect Not designed to study weight maintenance.	Imprecise No measure of variability reported.	Low No difference between gym based exercise and control on weight maintenance in the elderly.
Combination 1 trial (156 analyzed)	Moderate Unclear if outcome assessor blinded	Not applicable	Indirect Trial aimed to change diet and physical activity patterns	Imprecise No standard errors reported	Low No clinically meaningful difference between intervention groups and controls. All participants remained within 2cm of their baseline waist circumference.
Progression to overweight or obesity					
Self-management					Insufficient No studies identified
Dietary 0 trials 2 observational (12,089 analyzed)	Moderate Met confounding control, selection bias standards.	Inconsistent One of 2 studies reported a clinically meaningful difference.	Indirect Neither study's goal was weight maintenance.	Imprecise Only 1 study reported a statistically significant finding.	Low Eating food outside the home one or more times per week associated with a 20-30% increased risk of overweight or obesity. A less than 5% decreased odds reported for a healthy eating index score.
Physical activity					No studies identified
Combination 2 trials (361 analyzed)	Moderate Unclear if outcome assessor blinded in 1	Consistent No clinically meaningful difference	Direct Trials aimed to prevent weight gain	Imprecise No measures of variability reported	Low All participants tended to gain weight

Number of Studies, Participants	Domains Pertaining to Strength of Evidence				Strength of evidence Range of mean differences between groups
	Risk of Bias	Consistency	Directness	Precision	
	of 2 trials	between intervention and control groups.			during the study period in the 3 year trial, whereas participants in the intervention and control groups tended to maintain their weight in the 1-year trial.
Adherence					
Self-management interventions					Insufficient No studies identified
Dietary interventions					Insufficient No studies identified
Physical activity interventions 4 trials (687 analyzed)	Moderate 3 of 4 had blinded outcome assessment; Compliance not reliable; Losses to fup not accounted for in all trials	Consistent Adherence less than 80% in all trials.	Indirect Not study designed to assess weight maintenance.	Imprecise No measures of variability reported.	Low Adherence with the interventions ranged from 33% to 71%.
Combination interventions 2 trials (464 analyzed)	Moderate Unclear if outcome assessor blinded in 1 of 2 trials	Consistent Adherence less than 80% in both trials.	Direct Trials aimed to prevent weight gain	Imprecise No measures of variability reported	Low Adherence to the interventions was low. Adherence to a majority of the sessions ranged from 50 to 73%.
Mortality					
Self-management					Insufficient No studies identified
Dietary 1 trial (N=48,835 randomized){#12377}	Moderate Blinded outcome assessors; most of internal validity questions answered “yes”; intention to	Not applicable	Indirect Not designed to assess weight maintenance	Imprecise Not clinically nor statistically significant	Low No clinically meaningful difference in mortality between the groups. Intervention group

Number of Studies, Participants	Domains Pertaining to Strength of Evidence				Strength of evidence Range of mean differences between groups
	Risk of Bias	Consistency	Directness	Precision	
	treat analysis not reported.				0.1% less mortality than controls
Combination					Insufficient No studies identified
Adverse events					
Self-management					Insufficient No studies identified
Dietary					Insufficient No studies identified
Physical activity 1 trial (284 analyzed)	Moderate Blinded outcome assessment but poor reporting on other internal validity measures.	Not applicable	Indirect Not designed to assess weight maintenance	Imprecise Not clinically nor statistically significant	Low “No serious adverse events reported during the trial.”
Combination					Insufficient No studies identified

Table 1b. Risk of bias assessment of studies addressing weight maintenance among adults with no co-morbidity

		QUESTION*																										
		Reporting										External validity			**Internal Validity-bias**							**Internal Validity-confounding and selection bias**						Power
Author, year	N	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
BMI/exercise																												
Schmitz, 2007[12]	164	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	U	N	N	N	Y	Y	Y	Y	N	Y	Y	Y	Y	U	Y	N	Y
Petrella, 2003[11]	284	Y	Y	N	Y	N	N	Y	N	N	Y	Y	U	Y	N	Y	Y	Y	Y	U	Y	Y	Y	Y	N	U	Y	Y
Lamb, 2002[7]	260	Y	Y	N	Y	P	Y	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	N	Y	Y	Y	Y	N	Y	N	Y
BMI/combination																												
French, 2011[4]	90 households	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N	N	N	N	U	Y	Y	Y	Y	Y	Y	Y	U	Y	Y	N
Levine, 2007[8]	284	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	U	N	N	N	U	Y	Y	Y	N	Y	Y	Y	Y	U	Y	Y	Y
Howard, 2006[6]	48835	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	U	N	Y	N	Y	Y	Y	Y	U	Y	Y	Y	Y	N	Y	Y	Y
Burke, 2003[2]	137	Y	Y	Y	Y	Y	N	N	N	N	Y	U	U	U	N	U	Y	N	Y	N	Y	Y	U	Y	U	Y	N	Y
Weight/diet																												
Howard, 2006[6]	48835	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	U	N	Y	N	Y	Y	Y	Y	U	Y	Y	Y	Y	N	Y	Y	Y
Matvienko, 2001[9]	40	Y	Y	Y	Y	Y	Y	Y	N	Y	N	U	U	Y	N	U	U	N	Y	N	Y	Y	Y	Y	U	Y	N	N
Bhargava,2002[1]	926	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	N	U	U	U	N	U	Y	N	Y	Y	Y	Y	N	N	N	Y
Weight/exercise																												
Schmitz, 2007[12]	164	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	U	N	N	N	Y	Y	Y	Y	N	Y	Y	Y	Y	U	Y	N	Y
Weight/combination																												
Levine, 2007[8]	284	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	U	N	N	N	U	Y	Y	Y	N	Y	Y	Y	Y	U	Y	Y	Y
Fortmann, 1981[3]	2151	N	Y	N	Y	N	N	N	N	N	Y	U	U	Y	N	N	U	N	Y	U	Y	N	Y	N	N	U	N	N
Hemmingsson, 2009[5]	124	Y	Y	Y	Y	P	Y	Y	N	Y	Y	N	U	U	Y	U	Y	U	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
Burke, 2003[2]	137	Y	Y	Y	Y	Y	N	N	N	N	Y	U	U	U	N	U	Y	N	Y	N	Y	Y	U	Y	U	Y	N	Y
Waist circ/diet																												
Bhargava,2002[1]	926	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	N	U	U	U	N	U	Y	N	Y	Y	Y	Y	N	N	N	Y
Waist circ/exercise																												
Muscari,	120	Y	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	N	U	U	Y	Y	Y	Y	Y	Y	Y	U	Y	Y	Y

2010[10]																												
Waist circ/combination																												
Howard, 2006[6]	48835	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	U	N	Y	N	Y	Y	Y	Y	U	Y	Y	Y	Y	N	Y	Y	Y
Burke, 2003[2]	137	Y	Y	Y	Y	Y	N	N	N	N	Y	U	U	U	N	U	Y	N	Y	N	Y	Y	U	Y	U	Y	N	Y
Adherence/exercise																												
Schmitz, 2007[12]	164	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	U	N	N	N	Y	Y	Y	Y	N	Y	Y	Y	Y	U	Y	N	Y
Petrella, 2003[11]	284	Y	Y	N	Y	N	N	Y	N	N	Y	Y	U	Y	N	Y	Y	Y	Y	U	Y	Y	Y	Y	N	U	Y	Y
Lamb, 2002[7]	260	Y	Y	N	Y	P	Y	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	N	Y	Y	Y	Y	N	Y	N	Y
Adherence/combination																												
French, 2011[4]	90 households	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N	N	N	N	U	Y	Y	Y	Y	Y	Y	Y	U	Y	Y	N
Burke, 2003[2]	137	Y	Y	Y	Y	Y	N	N	N	N	Y	U	U	U	N	U	Y	N	Y	N	Y	Y	U	Y	U	Y	N	Y
Hypertension/exercise																												
Petrella, 2003[11]	284	Y	Y	N	Y	N	N	Y	N	N	Y	Y	U	Y	N	Y	Y	Y	Y	U	Y	Y	Y	Y	N	U	Y	Y
Muscari, 2010[10]	120	Y	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	N	U	U	Y	Y	Y	Y	Y	Y	Y	U	Y	Y	Y
Hypertension/combination																												
Fortmann, 1981[3]	2151	N	Y	N	Y	N	N	N	N	N	Y	U	U	Y	N	N	U	N	Y	U	Y	N	Y	N	N	U	N	N
Burke, 2003[2]	137	Y	Y	Y	Y	Y	N	N	N	N	Y	U	U	U	N	U	Y	N	Y	N	Y	Y	U	Y	U	Y	N	Y
Mortality/combination																												
Howard, 2006[6]	48835	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	U	N	Y	N	Y	Y	Y	Y	U	Y	Y	Y	Y	N	Y	Y	Y
Activity-related injury/exercise																												
Petrella, 2003[11]	284	Y	Y	N	Y	N	N	Y	N	N	Y	Y	U	Y	N	Y	Y	Y	Y	U	Y	Y	Y	Y	N	U	Y	Y

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17. In trials and cohort studies, do the analyses adjust for different lengths of follow-up of patients, or in case-control studies, is the time period between the intervention and outcome the same for cases and controls?
18. Were the statistical tests used to assess the main outcomes appropriate?
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20. Were the main outcome measures used accurate (valid and reliable)?
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24. Was the randomized intervention assignment concealed from both patients and health care staff until recruitment was complete and irrevocable?
25. Was there adequate adjustment for confounding in the analyses from which the main findings were drawn?
26. Were losses of patients to follow-up taken into account?
27. Did they report a power calculation?

Y=yes, N=no, U=unable to determine, P=partially

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Table 2a. Strength of evidence of studies among adults in the built environment

Environment-Level (KQ6)					
BMI change					
Environment	Risk of Bias	Consistency	Directness	Precision	
1 observational, n=500	Moderate Adequate adjustment for confounders	N/A	Indirect Goal of study was health risk assessment	Precise Study's estimate falls within CI≤0.8 kg/m^2 restriction	Low
Weight change					
Combination	Risk of Bias	Consistency	Directness	Precision	
1 interventional trial, n=2151	Moderate Outcome assessor not blinded	N/A	Indirect Goal of study was cardiovascular disease risk reduction	Imprecise No variability reported	Low

Table 2b. Risk of bias assessment of studies in the built-environment among adults

		QUESTION*																										
		Reporting										External validity			Internal Validity-bias							Internal Validity-confounding and selection bias						Power
Author, year	**N**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**
Work																												
BMI/SM																												
Kwak, 2010[4]	553	Y	Y	Y	Y	P	N	Y	N	Y	Y	U	Y	U	N	N	U	U	Y	U	Y	N	U	N	N	Y	Y	Y
BMI/exercise																												
Lemon, 2010[5]	806	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
Weight/SM																												
Kwak, 2010[4]	553	Y	Y	Y	Y	P	N	Y	N	Y	Y	U	Y	U	N	N	U	U	Y	U	Y	N	U	N	N	Y	Y	Y
Weight/combination																												
Goetzel, 2010[3]	10281	Y	Y	Y	Y	Y	Y	Y	N	N	Y	U	U	Y	N	N	Y	Y	Y	U	Y	N	Y	N	N	Y	Y	N
Wiast circ/SM																												
Kwak, 2010[4]	553	Y	Y	Y	Y	P	N	Y	N	Y	Y	U	Y	U	N	N	U	U	Y	U	Y	N	U	N	N	Y	Y	Y
Adherence/exercise																												
Lemon, 2010[5]	806	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
Adherence/combination																												
Lemon, 2010[5]	806	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
Hypertension/combination																												
Goetzel, 2010[3]	10281	Y	Y	Y	Y	Y	Y	Y	N	N	Y	U	U	Y	N	N	Y	Y	Y	U	Y	N	Y	N	N	Y	Y	N
Community																												
BMI/Combination																												
Fortmann, 81[2]	2151	N	Y	N	Y	N	N	N	N	N	Y	U	U	Y	N	N	U	N	Y	U	Y	N	Y	N	N	U	N	N
'	500																											

*Questions
1. Is the hypothesis/aim/objective of the study clearly described?
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27. Did they report a power calculation?

Y=yes, N=no, U=u

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Table3a. Strength of evidence of studies among adults in the work environment

Number of Studies, Participants	Domains Pertaining to Strength of Evidence				Strength of evidence
BMI change					
Combination	Risk of Bias	Consistency	Directness	Precision	
3 interventional trials, n=4,511	High risk of bias – only one randomized intervention and lack of blinding in all studies	Inconsistent – point estimate favors intervention in 2 or 3 trials	Direct – goal of all studies was prevention of weight gain	Imprecise – unable to calculate CI on two studies; however, other study's estimate falls within CI≤0.8 kg/m^2 restriction	Low
Weight change					
Combination	Risk of Bias	Consistency	Directness	Precision	
2 interventional trials, n=3705	High risk of bias – non-randomized and lack of blinding	Consistent – point estimate favors intervention in both trials	Direct – goal of all studies was prevention of weight gain	Imprecise – unable to calculate CI on one study, and other study's estimate falls outside CI≤2.5 kg restriction	Low
Waist circumference					
Combination	Risk of Bias	Consistency	Directness	Precision	
1 interventional trial, n=552	High risk of bias – non-randomized trial and lack of blinding	N/A	Direct – goal of study was prevention of weight gain	Imprecise -- study's estimate falls outside CI≤2 cm at 12 months	Low
Adherence					
Combination	Risk of Bias	Consistency	Directness	Precision	
1 interventional trial, n=806	Moderate risk of bias – randomized intervention, but a lack of blinding	N/A	Direct – goal of study was prevention of weight gain	Imprecise – adherence assessed in less than 400 participants in intervention group	Low

Table 3b. Risk of bias assessment of studies in a work-setting among adults

	QUESTION*																										
	Reporting											External validity			Internal Validity-bias							Internal Validity-confounding and selection bias						Power
Author, year	**N**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**
BMI/ self-management																												
Kwak, 2010[1]	553	Y	Y	Y	Y	P	N	Y	N	Y	Y	U	Y	U	N	N	U	U	Y	U	Y	N	U	N	N	Y	Y	Y
BMI/exercise																												
Lemon, 2010[2]	806	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
BMI/combination																												
Goetzel, 2010[3]	10281	Y	Y	Y	Y	Y	Y	Y	N	N	Y	U	U	Y	N	N	Y	Y	Y	U	Y	N	Y	N	N	Y	Y	N
Weight/ self-management																												
Kwak, 2010[1]	553	Y	Y	Y	Y	P	N	Y	N	Y	Y	U	Y	U	N	N	U	U	Y	U	Y	N	U	N	N	Y	Y	Y
Weight/ combination																												
Robbins, 2006[4]	124367	Y	Y	Y	Y	N	N	N	N	Y	Y	U	U	U	N	U	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	N
Goetzel, 2010[3]	10281	Y	Y	Y	Y	Y	Y	Y	N	N	Y	U	U	Y	N	N	Y	Y	Y	U	Y	N	Y	N	N	Y	Y	N
Waist circ/SM																												
Kwak, 2010[1]	553	Y	Y	Y	Y	P	N	Y	N	Y	Y	U	Y	U	N	N	U	U	Y	U	Y	N	U	N	N	Y	Y	Y

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Table 4a. Strength of evidence of studies among adults in the college environment

Number of Studies, Participants	Domains Pertaining to Strength of Evidence				Strength of evidence
BMI change					
Combination	Risk of Bias	Consistency	Directness	Precision	
2 trials, n=155	Moderate Outcome assessor not blinded	Consistent No difference between groups	Direct Goal of studies was prevention of weight gain	Imprecise No variability reported	Low
Weight change					
Combination	Risk of Bias	Consistency	Directness	Precision	
2 trials, n=155	Moderate Outcome assessor not blinded	N/A	Direct Goal of studies was prevention of weight gain	Imprecise No variability reported	Low
Waist circumference					
Combination	Risk of Bias	Consistency	Directness	Precision	
1 trial, n=115	Moderate Outcome assessor not blinded	N/A	Direct Goal of studies was prevention of weight gain	Imprecise No variability reported	Low
Adherence					
Combination	Risk of Bias	Consistency	Directness	Precision	
1 interventional trial, n=115	Moderate Outcome assessor not blinded	N/A	Direct Goal of studies was prevention of weight gain	Imprecise No variability reported	Low

Table 4b. Risk of bias assessment of studies in the college environment

	QUESTION*																											
	Reporting											External validity			Internal Validity-bias							Internal Validity-confounding and selection bias						Power
Author, year	**N**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**
BMI/SM																												
Hivert, 2007[2]	115	Y	Y	Y	Y	N	Y	Y	N	Y	Y	Y	U	U	N	U	N	N	Y	Y	Y	Y	Y	Y	U	U	Y	Y
BMI/ combination																												
Hivert, 2007[1]	115	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	U	U	Y	N	U	Y	Y	Y	Y	Y	Y	Y	Y	U	Y	Y	Y
Matvienko, O., Lewis, D. S., and Schafer, E., 2001[4]	40	Y	Y	Y	Y	Y	Y	Y	N	Y	N	U	U	Y	N	U	U	N	Y	N	Y	Y	Y	Y	U	Y	N	N
Weight/ SM																												
Hivert, 2007[2]	115	Y	Y	Y	Y	N	Y	Y	N	Y	Y	Y	U	U	N	U	N	N	Y	Y	Y	Y	Y	Y	U	U	Y	Y
Weight/ combination																												
Lombard, 2010[3]	250	Y	Y	Y	Y	Y	Y	Y	N	Y	N	U	U	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Wiast circunference/ self-management																												
Hivert, 2007[2]	115	Y	Y	Y	Y	N	Y	Y	N	Y	Y	Y	U	U	N	U	N	N	Y	Y	Y	Y	Y	Y	U	U	Y	Y
Waist circumference/ combination																												
Lombard, 2010[3]	250	Y	Y	Y	Y	Y	Y	Y	N	Y	N	U	U	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Adherence/ self-management																												
Hivert, 2007[2]	115	Y	Y	Y	Y	N	Y	Y	N	Y	Y	Y	U	U	N	U	N	N	Y	Y	Y	Y	Y	Y	U	U	Y	Y

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References

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Table5a. Strength of evidence of studies among adults with or at risk for cardiovascular disease or diabetes mellitus

Number of Studies, Participants	Domains Pertaining to Strength of Evidence				Strength of evidence Range of between-group mean difference if available (reference = control)
BMI change					
Self-Mangement interventions	Risk of Bias	Consistency	Directness	Precision	
1 controlled trial 100	Moderate based on lack of reporting on masking of outcome assessors and lack of adequate reporting	Not applicable (one study)	Indirect (weight maintenance not stated goal)	Imprecise (no measure of variability)	Low Range: -1.76 kg/m^2
Diet interventions	Risk of Bias	Consistency	Directness	Precision	
1 RCT 1551	Moderate based on lack of reporting on masking and lack of internal validity based on q14-27	Not applicable (one study)	Indirect (weight maintenance not stated goal)	Imprecise (no measure of variability)	Low Range: not available
Physical activity interventions	Risk of Bias	Consistency	Directness	Precision	
2 controlled trials 166	Moderate based on lack of reporting on masking of outcome assessors and completers analysis for 1 study	Inconsistent (based on different signs for between group differences)	Indirect	Imprecise	Low Range: -0.2 to -0.7 kg/m^2
Combination interventions	Risk of Bias	Consistency	Directness	Precision	
2 RCTs 193	Moderate based on lack of reporting on masking and lack of internal validity based on q14-27	Consistent	Indirect (weight maintenance not stated goal)	Imprecise based on width of CI > 0.8 units	Low Range: -0.39 to -0.71 kg/m^2
Weight change					
Diet intervention	Risk of Bias	Consistency	Directness	Precision	
2 controlled trials 767	High based on lack of randomization, lack of reporting on masking, and lack of internal validity by q14-27	Consistent	Indirect (weight maintenance not stated goal in one study but was in the other)	Imprecise (don't have enough measures of variability)	Low Range: -0.11 to -0.84 kg
Physical activity intervention	Risk of Bias	Consistency	Directness	Precision	
2 controlled trials 166	Moderate based on lack of reporting on masking of outcome assessors	Inconsistent	Indirect	Imprecise (on cusp with one study being imprecise and one not	Low Range: -0.3 to -2.0 kg

	and completers analysis for 1 study			based on 2.5 kg width of CI)	
Combination intervention	Risk of Bias	Consistency	Directness	Precision	
4 controlled trials 1719	Moderate based on lack of masking	Consistent	Indirect	Imprecise	Low Range: -0.1 to -1.26 kg
Waist circumference					
Self-Mangement interventions	Risk of Bias	Consistency	Directness	Precision	
1 controlled trial 100	Moderate based on lack of reporting on masking of outcome assessors and lack of adequate reporting	Not applicable (one study)	Indirect (weight maintenance not stated goal)	Imprecise (no measure of variability)	Low Range: -3.87 cm
Diet intervention	Risk of Bias	Consistency	Directness	Precision	
1 controlled trials 187	Moderate based on lack of reporting on masking of outcome assessors and lack of adequate reporting	Not applicable (one study)	Indirect (weight maintenance not stated goal)	Imprecise based on CI >2cm	Low Range: -0.34 to -0.74 cm
Physical activity intervention	Risk of Bias	Consistency	Directness	Precision	
1 controlled trial 92	Moderate risk of bias based on lack of masking of outcome assessors	Not applicable (one study)	Indirect	Imprecise	Low Range: -2.8 cm
Combination intervention	Risk of Bias	Consistency	Directness	Precision	
1 RCT 68	Moderate risk of bias based on lack of reporting on masking of outcome assessors	Not applicable (one study)	Indirect	Imprecise	Low Range: -2.38 cm
Adherence					
Physical activity intervention	Risk of Bias	Consistency	Directness	Precision	
1 controlled trial 92	Moderate risk of bias based on lack of masking of outcome assessors	Not applicable (one study)	Indirect based on lack of external validity	Imprecise (N<400)	Low Range: 57%
Combination					
2 RCT 94	Moderate based on lack of reporting on masking and lack of internal validity based on q14-27	Inconsistent (by magnitude since is adherence, sign is not applicable)	Indirect (weight maintenance not stated goal)	Imprecise (N<400)	Low Range: 63.5% to 100%

Hypertension					
Physical activity intervention	Risk of Bias	Consistency	Directness	Precision	
1 controlled trial 92	Moderate risk of bias based on lack of masking of outcome assessors	Not applicable (one study)	Indirect based on lack of external validity	Imprecise	Low Range: -1.7/2.2 mmHg
Combination intervention	Risk of Bias	Consistency	Directness	Precision	
4 controlled trials 1693	Moderate risk of bias based on lack of masking of outcome assessors	Consistent	Indirect (weight maintenance not stated goal)	Imprecise	Low Range: SBP, -3.73 to 3.5 mmHg and DBP, -4.23 to 3.8 mmHg
HbA1c					
Combination intervention	Risk of Bias	Consistency	Directness	Precision	
3 controlled trials 193	Moderate based on lack of reporting on masking and lack of internal validity based on q14-2	Consistent	Indirect (weight maintenance not stated goal)	Imprecise	Low Range: -0.03 to 0.32%
HDL/LDL					
Physical activity intervention	Risk of Bias	Consistency	Directness	Precision	
2 controlled trial 166	Moderate based on lack of reporting on masking of outcome assessors and completers analysis for 1 study	Inconsistent for HDL and not applicable for LDL (only one study)	Indirect	Imprecise	Low Range: HDL, 0 to 0.025 mmol/l and LDL, 0.09 mmol/l
Combination intervention	Risk of Bias	Consistency	Directness	Precision	
4 controlled trials 560	Moderate risk of bias based on lack of masking of outcome assessors	Inconsistent for HDL and consistent for LDL	Indirect	Imprecise	Low Range: HDL, -0.16 to 0.19 mmol/l and LDL, -0.41 to 0.31 mmol/l
Hypoglycemia					
Diet intervention	Risk of Bias	Consistency	Directness	Precision	
1 controlled trial 30	High based on lack of randomization and lack of reporting on masking of outcome assessors	Not applicable (one study)	Direct (weight maintenance goal)	Imprecise (variability not reported)	Low Range: 12 to 18 events over 24 months
Combination intervention	Risk of Bias	Consistency	Directness	Precision	
1 controlled trial 68	Moderate risk of bias based on lack of	Not applicable (one study)	Indirect	Imprecise	Low Range: 1 episode in an

	masking of outcome assessors				active intervention arm
QOL					
Combination intervention	Risk of Bias	Consistency	Directness	Precision	
1 controlled trial 68	Moderate risk of bias based on lack of masking of outcome assessors	Not applicable (one study)	Indirect	Imprecise	Low Range: Not available

Table 5b. Risk of bias assessment of studies addressing weight maintenance among adults with or at risk for cardiovascular disease of diabetes mellitus.

	QUESTION*																											
	Reporting											External validity			Internal Validity-bias								Internal Validity-confounding and selection bias					Power
Bibliograph	**N**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**
BMI/Diet																												
Meloni, C., 2004[7]	169	Y	Y	N	N	Y	Y	Y	N	N	N	U	U	U	N	U	Y	N	Y	U	Y	Y	Y	Y	U	N	U	N
Razquin, 2010[8]	737	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	U	U	U	U	U	U	N	Y	Y	Y	Y	U	Y	Y	Y	N	N
BMI/Exercise																												
Yates, T2010[13]	74	Y	Y	Y	Y	P	Y	Y	N	Y	Y	U	U	U	U	U	Y	Y	Y	U	Y	Y	Y	Y	U	N	N	N
Gram, 2010[3]	68	Y	Y	Y	Y	Y	Y	Y	Y	N	N	U	U	U	U	U	U	N	Y	Y	Y	Y	U	Y	U	Y	Y	Y
BMI/combination																												
Haruyama, 2009[5]	549	Y	Y	Y	Y	P	Y	Y	N	Y	Y	Y	Y	Y	N	Y	U	Y	Y	Y	Y	Y	Y	N	N	Y	Y	N
Samaras, 1997[10]	26	Y	Y	Y	Y	Y	N	Y	N	N	N	U	U	Y	U	U	Y	N	Y	Y	Y	Y	U	Y	U	N	U	N
Babazono, 2007[2]	99	Y	Y	Y	Y	P	Y	Y	N	N	N	Y	U	Y	N	U	U	N	Y	N	Y	Y	Y	Y	U	N	N	N
Torjesen, 1997[12]	219	Y	Y	N	Y	P	Y	Y	N	Y	N	U	U	N	N	N	U	N	Y	Y	Y	Y	Y	Y	U	N	N	N
Weight/Diet																												
Abraira, 1980[1]	30	Y	Y	Y	Y	P	N	Y	Y	N	N	U	U	Y	N	N	U	N	Y	Y	Y	Y	Y	N	N	N	U	N
Razquin, 2009[9]	187	Y	Y	Y	Y	P	Y	Y	Y	N	N	U	U	U	N	U	U	N	Y	N	Y	Y	U	Y	Y	N	N	N
Kumanyika, 2005[6]	1159	Y	Y	Y	Y	Y	Y	Y	N	N	N	U	U	U	N	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	U	Y
Meloni, C., 2004[7]	169	Y	Y	N	N	Y	Y	Y	N	N	N	U	U	U	N	U	Y	N	Y	U	Y	Y	Y	Y	U	N	U	N
Razquin, 2010[8]	737	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	U	U	U	U	U	U	N	Y	Y	Y	Y	U	Y	Y	Y	N	N
Stefanick, 1998[11]	367	Y	Y	Y	Y	P	Y	Y	N	Y	Y	U	U	U	N	U	Y	U	Y	U	Y	U	U	Y	U	U	Y	N
Weight/exercise																												
Yates, T2010[13]	74	Y	Y	Y	Y	P	Y	Y	N	Y	Y	U	U	U	U	U	Y	Y	Y	U	Y	Y	Y	Y	U	N	N	N
Weight/ combination																												
Samaras, 1997[10]	26	Y	Y	Y	Y	Y	N	Y	N	N	N	U	U	Y	U	U	Y	N	Y	Y	Y	Y	U	Y	U	N	U	N
Babazono, 2007[2]	99	Y	Y	Y	Y	P	Y	Y	N	N	N	Y	U	Y	N	U	U	N	Y	N	Y	Y	Y	Y	U	N	N	N
Gram, 2010[3]	68	Y	Y	Y	Y	Y	Y	Y	Y	N	N	U	U	U	U	U	U	N	Y	Y	Y	Y	U	Y	U	Y	Y	Y
Hare-Bruun, 2006[4]	376	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N	U	N	N	U	U	Y	Y	Y	Y	Y	N	N	Y	Y	N
Waist circumference /Diet																												
Razquin, 2009[9]	187	Y	Y	Y	Y	P	Y	Y	Y	N	N	U	U	U	N	U	U	N	Y	N	Y	Y	U	Y	Y	N	N	N
Razquin, 2010[8]	737	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	U	U	U	U	U	U	N	Y	Y	Y	Y	U	Y	Y	Y	N	N
Waist circumference/																												

Combination																												
Samaras, 1997[10]	26	Y	Y	Y	Y	Y	N	Y	N	N	N	U	U	Y	U	U	Y	N	Y	Y	Y	Y	U	Y	U	N	U	N
Gram, 2010[3]	68	Y	Y	Y	Y	Y	Y	Y	Y	N	N	U	U	U	U	U	U	N	Y	Y	Y	Y	U	Y	U	Y	Y	Y
Adherence/ exercise																												
Gram, 2010[3]	68	Y	Y	Y	Y	Y	Y	Y	Y	N	N	U	U	U	U	U	U	N	Y	Y	Y	Y	U	Y	U	Y	Y	Y
Hypertension/ diet																												
Razquin, 2010[5]	737	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	U	U	U	U	U	U	N	Y	Y	Y	Y	U	Y	Y	Y	N	N
Hypertension/ exercise																												
Gram, 2010[3]	68	Y	Y	Y	Y	Y	Y	Y	Y	N	N	U	U	U	U	U	U	N	Y	Y	Y	Y	U	Y	U	Y	Y	Y
Hypertension/ combination																												
Babazono, 2007[2]	99	Y	Y	Y	Y	P	Y	Y	N	N	N	Y	U	Y	N	U	U	N	Y	N	Y	Y	Y	Y	U	N	N	N
Torjesen, 1997[12]	219	Y	Y	N	Y	P	Y	Y	N	Y	N	U	U	N	N	N	U	N	Y	Y	Y	Y	Y	Y	U	N	N	N
HbA1c/ exercise																												
Gram, 2010[3]	68	Y	Y	Y	Y	Y	Y	Y	Y	N	N	U	U	U	U	U	U	N	Y	Y	Y	Y	U	Y	U	Y	Y	Y
HbA1c/ combination																												
Samaras, 1997[10]	26	Y	Y	Y	Y	Y	N	Y	N	N	N	U	U	Y	U	U	Y	N	Y	Y	Y	Y	U	Y	U	N	U	N
Babazono, 2007[2]	99	Y	Y	Y	Y	P	Y	Y	N	N	N	Y	U	Y	N	U	U	N	Y	N	Y	Y	Y	Y	U	N	N	N
HDL_LDL/ exercise																												
Yates, T2010[13]	74	Y	Y	Y	Y	P	Y	Y	N	Y	Y	U	U	U	U	U	Y	Y	Y	U	Y	Y	Y	Y	U	N	N	N
Gram, 2010[3]	68	Y	Y	Y	Y	Y	Y	Y	Y	N	N	U	U	U	U	U	U	N	Y	Y	Y	Y	U	Y	U	Y	Y	Y
HDL_LDL/ combination																												
Babazono, 2007[2]	99	Y	Y	Y	Y	P	Y	Y	N	N	N	Y	U	Y	N	U	U	N	Y	N	Y	Y	Y	Y	U	N	N	N
Hypoglycemia/ diet																												
Abraira, 1980[1]	30	Y	Y	Y	Y	P	N	Y	Y	N	N	U	U	Y	N	N	U	N	Y	Y	Y	Y	Y	N	N	N	U	N
Hypoglycemia/exercise																												
Gram, 2010[3]	68	Y	Y	Y	Y	Y	Y	Y	Y	N	N	U	U	U	U	U	U	N	Y	Y	Y	Y	U	Y	U	Y	Y	Y
QOL/exercise																												
Gram, 2010[3]	68	Y	Y	Y	Y	Y	Y	Y	Y	N	N	U	U	U	U	U	U	N	Y	Y	Y	Y	U	Y	U	Y	Y	Y
QOL/ combination																												
Samaras, 1997[10]	26	Y	Y	Y	Y	Y	N	Y	N	N	N	U	U	Y	U	U	Y	N	Y	Y	Y	Y	U	Y	U	N	U	N

Activity-realted injury/ combination																												
Samaras, 1997[10]	26	Y	Y	Y	Y	Y	N	Y	N	N	N	U	U	Y	U	U	Y	N	Y	Y	Y	Y	U	Y	U	N	U	N

*Questions
1. Is the hypothesis/aim/objective of the study clearly described?
2. Are the main outcomes to be measured clearly described in the Introduction or Methods section?
3. Are the characteristics of the patients included in the study clearly described?
4. Are the interventions of interest clearly described?
5. Are the distributions of principal confounders in each group of subjects to be compared clearly described?
6. Are the main findings of the study clearly described?
7. Does the study provide estimates of the random variability in the data for the main outcomes?
8. Have all important adverse events that may be a consequence of the intervention been reported?
9. Have the characteristics of patients lost to follow-up been described?
10. Have actual probability values been reported (e.g. 0.035 rather than <0.05) for the main outcomes except where the probability value is less than 0.001?
11. Were the subjects asked to participate in the study representative of the entire population from which they were recruited?
12. Were those subjects who were prepared to participate representative of the entire population from which they were recruited?
13. Were the staff, places, and facilities where the patients were treated representative of the treatment the majority of patients receive?
14. Was an attempt made to blind study subjects to the intervention they have received?
15. Was an attempt made to blind those measuring the main outcomes of the intervention?
16. If any of the results of the study were based on “data dredging”, was this made clear?
17. In trials and cohort studies, do the analyses adjust for different lengths of follow-up of patients, or in case-control studies, is the time period between the intervention and outcome the same for cases and controls?
18. Were the statistical tests used to assess the main outcomes appropriate?
19. Was compliance with the intervention/s reliable?
20. Were the main outcome measures used accurate (valid and reliable)?
21. Were the patients in different intervention groups (trials and cohort studies) or were the cases and controls (case-control studies) recruited from the same population?
22. Were study subjects in different intervention groups (trials and cohort studies) or were the cases and controls (case-control studies) recruited over the same period of time?
23. Were study subjects randomized to intervention groups?
24. Was the randomized intervention assignment concealed from both patients and health care staff until recruitment was complete and irrevocable?
25. Was there adequate adjustment for confounding in the analyses from which the main findings were drawn?
26. Were losses of patients to follow-up taken into account?
27. Did they report a power calculation?

Y=yes, N=no, U=unable to determine, P=partially

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Table 6a. Strength of evidence of studies among adults with cancer

Number of Studies, Participants	Domains Pertaining to Strength of Evidence				Strength of evidence Range of mean differences between groups
	Risk of Bias	Consistency	Directness	Precision	
	BMI change				
Self-management 1 Observational study (n=1867) {#9280}	Moderate Accounted for confounding and losses to followup	Not applicable One study	Indirect Substudy of a colorectal cancer registry	Precise Statistically significant, but no clinically meaningful difference	Low Less than 5 hours per day television viewing associated with a 0.6 kg/m2 greater BMI 31 months after colorectal cancer diagnosis than viewing less than 3 hours per day. Borderline clinically meaningful.
Diet					Insufficient
Physical activity					Insufficient
Combination 1 trial (2,164 analyzed){#32744}	Moderate No blinding of outcome assessors	Not applicable One study	Indirect Goal of study to prolong relapse-free survivial	Precise Clinically and statistically meaningful.	Low Self-management and dietary intervention had a 1.1 kg/m2 lower BMI at 5 years.
	Weight change				
Self-management					Insufficient
Diet 1 trial (97 analyzed){#22928}{#34343}	Moderate No blinding of outcome assessors	Not applicable Only one trial	Indirect Trial not designed to prevent weight gain	Imprecise Standard errors not reported for difference in weight change	Low No clinically meaningful difference between interventions and control.
Physical activity 1 trial (N=101 analyzed){#8577}	Moderate No blinding of outcome assessors	Not applicable One trial	Direct The intervention had a weight maintenance goal	Precise	Moderate Aerobic and resistance exercise performed at home prevented weight gain over 5 years.
Combination 1 trial (2,164 analyzed){#32744}	Moderate No blinding of outcome	Not applicable One study	Indirect Goal of study to	Precise Clinically and	Low Self-management and dietary

	assessors		prolong relapse-free survivial	statistically meaningful.	intervention lost 2.9 kg compared to 0.2 kg weight gain in controls.
	Waist circumference				
All approaches					Insufficient
	Adherence				
Self-management					Insufficient
Diet 1 trial (97 analyzed){#22928}{#34343}	Moderate No blinding of outcome assessors	Not applicable Only one trial	Indirect Trial not designed to prevent weight gain	Imprecise Fewer than 400 participants analyzed	Low 60-90% adherence among intervention groups.
Physical activity 1 trial (N=101 analyzed){#8577}	Moderate No blinding of outcome assessors	Not applicable Only one trial	Direct The intervention had a weight maintenance goal	Imprecise Fewer than 400 participants	Low 65-79% adherence to intervention at 1 year.
Combination 1 trial (2,164 analyzed){#32744}	Moderate No blinding of outcome assessors	Not applicable One study	Indirect Goal of study to prolong relapse-free survivial	Precise Greater than 400 participants.	Low Intervention group reduced calories from fat through 5 years of followup.
	Adverse events				
Self-management					Insufficient
Diet					Insufficient
Physical activity					Insufficient
Combination 1 trial (2,164 analyzed){#32744}	Moderate No blinding of outcome assessors	Not applicable One study	Indirect Goal of study to prolong relapse-free survivial	Imprecise No event occurred.	Low No adverse events associated with dietary and self-management intervention.

Table 6b. Risk of bias assessment of studies addressing weight maintenance among adults with cancer

		QUESTION*																										
		Reporting										External validity			Internal Validity-bias							Internal Validity-confounding and selection bias						Power
Author, year	**N**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**
BMI/self-management																												
Wijndaele, 2009[7]	1867	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	U	U	N	N	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	N
Weight/Diet																												
Chlebowski, 2006[2]	2437	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	U	U	U	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Djuric, 2002[3]	122	Y	Y	Y	Y	P	Y	Y	N	Y	Y	U	U	U	N	U	Y	Y	Y	N	Y	Y	Y	Y	U	N	Y	N
Weight/exercise																												
Schwartz, 2009[6]	112	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	U	N	N	Y	Y	Y	Y	Y	Y	Y	Y	U	N	Y	N

*Questions
1. Is the hypothesis/aim/objective of the study clearly described?
2. Are the main outcomes to be measured clearly described in the Introduction or Methods section?
3. Are the characteristics of the patients included in the study clearly described?
4. Are the interventions of interest clearly described?
5. Are the distributions of principal confounders in each group of subjects to be compared clearly described?
6. Are the main findings of the study clearly described?
7. Does the study provide estimates of the random variability in the data for the main outcomes?
8. Have all important adverse events that may be a consequence of the intervention been reported?
9. Have the characteristics of patients lost to follow-up been described?
10. Have actual probability values been reported (e.g. 0.035 rather than <0.05) for the main outcomes except where the probability value is less than 0.001?
11. Were the subjects asked to participate in the study representative of the entire population from which they were recruited?
12. Were those subjects who were prepared to participate representative of the entire population from which they were recruited?
13. Were the staff, places, and facilities where the patients were treated representative of the treatment the majority of patients receive?
14. Was an attempt made to blind study subjects to the intervention they have received?
15. Was an attempt made to blind those measuring the main outcomes of the intervention?
16. If any of the results of the study were based on “data dredging”, was this made clear?
17. In trials and cohort studies, do the analyses adjust for different lengths of follow-up of patients, or in case-control studies, is the time period between the intervention and outcome the same for cases and controls?
18. Were the statistical tests used to assess the main outcomes appropriate?
19. Was compliance with the intervention/s reliable?
20. Were the main outcome measures used accurate (valid and reliable)?
21. Were the patients in different intervention groups (trials and cohort studies) or were the cases and controls (case-control studies) recruited from the same population?
22. Were study subjects in different intervention groups (trials and cohort studies) or were the cases and controls (case-control studies) recruited over the same period of time?
23. Were study subjects randomized to intervention groups?
24. Was the randomized intervention assignment concealed from both patients and health care staff until recruitment was complete and irrevocable?
25. Was there adequate adjustment for confounding in the analyses from which the main findings were drawn?
26. Were losses of patients to follow-up taken into account?
27. Did they report a power calculation?

Y=yes, N=no, U=unable to determine, P=partially

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Table7a. Strength of evidence of studies among adults with mental illness

Number of Studies, Participants	Domains Pertaining to Strength of Evidence				Strength of evidence Range of mean differences between groups
Dietary interventions	Risk of Bias	Consistency	Directness	Precision	
BMI Change					
Self management interventions					Insufficient
Diet 1 trial (91 analyzed){#42533}	Moderate No blinding of outcome assessors	Not applicable One study	Indirect Goal of study to increase fruit and vegetable consumption	Imprecise No measure of variability reported.	Low No difference in BMI 18 months after providing fruit and vegetables to group homes.
Physical activity					Insufficient
Combination 1 trial (59 analyzed){#30527}	Moderate No blinding of outcome assessors	Not applicable One study	Direct Goal of study to prevent anti-psychotic associated weight gain.	Imprecise No measure of variability reported.	Low No clinically meaningful difference in weight gain between intervention group and control.

Table 7b. Risk of bias assessment of studies addressing weight maintenance among adults with psychiatric disorders

	QUESTION*																											
	Reporting											External validity			Internal Validity-bias							Internal Validity-confounding and selection bias						Power
Bibliograph	N	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
BMI/ diet																												
McCreadie, 2005[3]	102	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	U	N	U	N	N	Y	Y	Y	Y	Y	Y	U	Y	N	Y	Y	Y
Weight/ diet																												
Andersen, 2004[1]	2111	Y	Y	N		N	Y	N	N	Y	Y	U		U	N	N	N		Y		Y	Y	Y		N	N	Y	N

*Questions
1. Is the hypothesis/aim/objective of the study clearly described?
2. Are the main outcomes to be measured clearly described in the Introduction or Methods section?
3. Are the characteristics of the patients included in the study clearly described?
4. Are the interventions of interest clearly described?
5. Are the distributions of principal confounders in each group of subjects to be compared clearly described?
6. Are the main findings of the study clearly described?
7. Does the study provide estimates of the random variability in the data for the main outcomes?
8. Have all important adverse events that may be a consequence of the intervention been reported?
9. Have the characteristics of patients lost to follow-up been described?
10. Have actual probability values been reported (e.g. 0.035 rather than <0.05) for the main outcomes except where the probability value is less than 0.001?
11. Were the subjects asked to participate in the study representative of the entire population from which they were recruited?
12. Were those subjects who were prepared to participate representative of the entire population from which they were recruited?
13. Were the staff, places, and facilities where the patients were treated representative of the treatment the majority of patients receive?
14. Was an attempt made to blind study subjects to the intervention they have received?
15. Was an attempt made to blind those measuring the main outcomes of the intervention?
16. If any of the results of the study were based on “data dredging”, was this made clear?
17. In trials and cohort studies, do the analyses adjust for different lengths of follow-up of patients, or in case-control studies, is the time period between the intervention and outcome the same for cases and controls?
18. Were the statistical tests used to assess the main outcomes appropriate?
19. Was compliance with the intervention/s reliable?
20. Were the main outcome measures used accurate (valid and reliable)?
21. Were the patients in different intervention groups (trials and cohort studies) or were the cases and controls (case-control studies) recruited from the same population?
22. Were study subjects in different intervention groups (trials and cohort studies) or were the cases and controls (case-control studies) recruited over the same period of time?
23. Were study subjects randomized to intervention groups?
24. Was the randomized intervention assignment concealed from both patients and health care staff until recruitment was complete and irrevocable?
25. Was there adequate adjustment for confounding in the analyses from which the main findings were drawn?
26. Were losses of patients to follow-up taken into account?
27. Did they report a power calculation?

Y=yes, N=no, U=unable to determine, P=partially

References

1. Andersen GS, Stunkard AJ, S++rensen TIA, Petersen L, Heitmann BL. Night eating and weight change in middle-aged men and women. International Journal of Obesity 2004; 28(10):1338-43.
2. Larson MEM, Richards TM. Quantification of a methadone metabolite (EDDP) in urine: Assessment of compliance. Clin. Med. Res. 2009; 7(4):134-41.
3. McCreadie RG, Kelly C, Connolly M *et al*. Dietary improvement in people with schizophrenia: Randomised controlled trial. British Journal of Psychiatry 2005; 187(4):346-51.
4. Wilfley DE, Welch RR, Stein RI *et al*. A randomized comparison of group cognitive-behavioral therapy and group interpersonal psychotherapy for the treatment of overweight individuals with binge-eating disorder. Archives of General Psychiatry 2002; 59(8):713-21